2001 UNIFORM BUSINESS REPORT (UBR)

ND TYPED OR PRINTED NAME

May 10, 2001 8:00 am Secretary of State DOCUMENT # P96000094736 USA COUNTER TOPS, INC. 05-10-2001 90147 004 ***158.75 Principal Place of Business Mailing Address 6458 MILKWAGON LANE 6458 MILKWAGON LANE MIMAI LAKES FL 33014 MIMAI LAKES FL 33014 00048847 2. Principal Place of Business 3. Mailing Address 8430 N.W Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0708986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONES, PATRICIA S 6458 MILKWAGON LANE MIAMI LAKES FL 33014 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITLE ☐ Change ☐ Addition JONES, PATRICIA S NAME NAME STREET ADDRESS 6458 MILKWAGON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIMAI LAKES FL 33014 TITLE ☐ Delete TITLE NAME WEITZEL, JEROME B NAME STREET ADDRESS 6458 MILKWAGON LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.