2001 UNIFORM BUSINESS REPORT (UBR) FILED May 14, 2001 8:00 am Secretary of State DOCUMENT # P9700000095 1. Entity Name KETTLEHUT TILE & MASONRY, INC. 05-14-2001 90264 050 ***150.00 Mailing Address Principal Place of Business 1635 STILLMEADOW RD 1635 STILLMEADOW RD **ENTERPRISE FL 32725** ENTERPRISE FL 32725 US HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. out \$ 20 4. FEI Number Applied For 59-3422654 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael KETTLEHUT, MICHAEL J 1635 STILLMEADOW RD **ENTERPRISE FL 32725** Zip Code 32708 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Timothy S. Keffkhat Addition TITLE Delete TITLE NAME KETTLEHUT, MICHAEL J NAME STREET ADDRESS 7 LOBLOLLY CRT 204 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER SPRINGS FL 32708 Change ☐ Addition TITLE ☐ Delete NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE

13. I hereby certify that the information supplied with this filing 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

Michael T KETTLE HUT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

President

407-832-5960