2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2001 8:00 am Secretary of State DOCUMENT # P97000027032 THE WOODWORKER'S CABINET, INC. 01-27-2001 90069 035 ***150.00 Principal Place of Business Mailing Address 6189 TAYLOR RD. 6189 TAYLOR RD. UNIT #5 UNIT #5 900410 NAPLES FL 34109 NAPLES FL 34109 US 2. Principal Place of Business 3. Mailing Address Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3439549 Not Applicable Zip Country \$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 Name FUSCO, GARY O Box Number is Not Acceptable) -60 EUGENIA DRIVE-NAPLES FL 34108 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** (NOTE: Registered Agent signature required when reinstating) gistered agent and title if applicable 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE GARY FUSCO PLEANURE GATE FUSCO, GARY NAME 60-EUGENIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES EL 34108 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME NICHOLAS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE DAMIEN WARDEIN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME 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 of 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.

SIGNATURE: