2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 07, 2000 8:00 am DOCUMENT # 797 000046838 Secretary of State Tile Inc. wholesale 06-07-2000 90010 020 ***150.00 Principal Place of Business Mailing Address 3101 ZZnd Ave. N. SAME 3t. Petersburg nnn58307 FL. 33713 2. Principal Place of Business

3101 2209 Ave N

Suite, Apt. #, etc. 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FE! Number 62-15-20471 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Raymond Samec 9280 52nd St.N. Street Address (P.O. Box Number is Not Acceptable) ellas Park, FL. 33782 City Zip Code 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) DATE FILE NOWIII FEE IS \$150.00 9.- This corporation is oligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Vice President ☐ Delete TITLE Change resident Heidi K. Samec Samec NAME 6181 82nd Ave N. 9280 522d Ave N. STREET ADDRESS. STREET ADDRESS Pinellas Park, FL. CITY-ST-7IP Pinellas Park FL. 33781 CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. SIGNATURE: :

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OF