FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # P97000061452 TJ POOL PLASTERING, INC. 04-11-2001 90044 047 ***150.00 Principal Place of Business Mailing Address 1069 CALANDA AVE 1069 CALANDA AVE ORLANDO FL 32807 ORLANDO FL 32807 2. Principal Place of Business 3. Mailing Address Sandwell 2758 Sandwell Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-3458370 City & State Minter Hark Not Applicable Winter Park. Country Zip \$8.75 Additional 5. Certificate of Status Desired <u>Orange</u> Deange Fee Required ---6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THURMAN, TONY Street Address (P.O. Box Number is Not Acceptable) 1069 CALANDA AVE ORLANDO FL 32807 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change TITLE ☐ Delete Tony Thurman THURMAN, TONY NAME NAME 2758 Sand well Dr 1069 CALANDA AVE STREET ADDRESS STREET ADDRESS Winter Park Fl 32792 ORLANDO FL 32807 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE STODOLA, JOSEPH NAME NAME 2879 S CONWAY RD APT 151 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32812 TITLE ☐ Change ■ Addition TITLE Delete NAME NAME 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 Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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 | SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Day | Daytime Phone #