2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P97000075650 C & A COUNTERTOPS, INC. 01-26-2001 90163 022 ***150.00 Principal Place of Business Mailing Address 1408 RAILHEAD BLVD 1408 RAILHEAD BLVD NAPLES FL 34110 NAPLES FL 34110 US 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 59-3468410 Applied For 4. FEI Number Not Applicable Zip Country 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 WARD, JILL A 11526 DEAN STREET **BONITA SPRINGS FL 34125** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, of he State of Florida 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Delete TITLE TITLE WARD, DEREK NAME NAME 11526 DEAN ST. STREET ADDRESS 27091 STREET ADDRESS BONITA SPRINGS FL 34125 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ward, jill a NAME NAME 11520 DEAN ST. STREET ADDRESS STREET ADDRESS **BONITA SPRINGS FL 34125** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 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 withan address, with all other like empowered.

1-18-01 941-495-2155