2001 UNIFORM BUSINESS REPORT (UBR)

Aug 13, 2001 8:00 am Secretary of State P97000096314 DOCUMENT # 1. Entity Name 08-13-2001 90005 008 ***550.00 ROYAL UPHOLSTERING, INC. Principal Place of Business Mailing Address 5601 EDGEWATER DR 5601 EDGEWATER DR ORLANDO FL 32810 ORLANDO FL 32810 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 59-3491215 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARLER, ROY L Street Address (P.O. Box Number is Not Acceptable) 4007 GOLFSIDE DR ORLANDO FL 32808 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. 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 (5/01)TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARLER, ROY NAME NAME 4007 GOLFSIDE DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE Change MARLER, GARY NAME NAME 13108 S SUNSET TERR STREET ADDRESS STREET ADDRESS WINTER GARDEN FL=34787~ CITY-ST-ZIP *CITY-ST-7IP~ ☐ Change ☐ Addition TITLE □ Delete TITLE MARLER, CHARLOTTE 4007 GOLFSIDE DR NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO: FL TITLE Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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SIGNATURE:

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 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