FILED

2001-UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am DOCUMENT # P9800003995 Secretary of State COASTAL GLASS AND MIRROR, INC. 01-22-2001 90029 011 ***150.00 Mailing Address Principal Place of Business 217 - 75TH AVE 217 - 75TH AVE ST. PETE BEACH FL 33706 ST. PETE BEACH FL 33706 605390 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3490964 Not Applicable Country Zip \$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 MAGELUZZO, RICHARD Street Address (P.O. Box Number is Not Acceptable) 217 - 75TH AVE ST. PETE BEACH FL 33706 City Zip Code FL 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, 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 \$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 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. CR2E034 (10/00) TITLE ☐ Delete TITLE Change MAGELUZZO, RICHARD NAME NAME 5967 - 5th Ave South STREET ADDRESS STREET ADDRESS 505 - 173RD AVE. St. Petersburg, F1 33707 CITY-ST-ZIP CITY-ST-ZIP N. REDINGTON BEACH FL 33708 17718 Long Point Drive Change TITLE □ Delete TITLE MAGELUZZO, CAROL NAME NAME Redington Shores, FI STREET ADDRESS 505 - 173 AVE STREET ADDRESS 33708 CITY-ST-ZIP CITY-ST-7iP N. REDINGTON BEACH FL 33708 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT) F Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Kichard Mageluzzo