2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800007756 May 03, 2000 8:00 am 1. Entity Name **Secretary of State** ROYAL FOAM, INC. 05-03-2000 90016 014 ***150.00 Mailing Address Principal Place of Business 2113-B WEST 30TH STREET 2113-B WEST 30TH STREET JACKSONVILLE FL 32209 JACKSONVILLE FL 32209 2. Principal Place of Business 3. Mailing Address 1333 Haines Street 1333 Haines Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FFI Number City & State 59-3488946 Jackosnville, FL Jacksonville, FL Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired 32206 Fee Required Duval 32206 Duval 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Morozov, Vladimir Street Address (P.O. Box Number is Not Acceptable) 1333 Haines Street MOROZOV, VLADIMIR 2113-B WEST 30TH STREET JACKSONVILLE FL 32209 Zip Code 32206-6035 Jacksonville 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITI F TITLE NAME MOROZOV, VLADIMIR STREET ADDRESS STREET ADDRESS 12030 ANTIBES STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 ☐ Addition TITLE ☐ Delete TITLE NAME NAME PALY, PAVEL Paly, Pavel STREET ADDRESS STREET ADDRESS 1801 KERNAN BLVD. 443 Naugatuck DRive CITY_ST-ZIP CITY-ST-ZIP Jacksonville - FL 32225 Jacksonville FL 3<u>2246</u> **X** Change ☐ Addition TITLE Delete Paly, Nikolay PALY, NIKOLAY NAME NAME STREET ADDRESS STREET ADDRESS 3941 Lochlaurel Drive 1801 KERNAN BLVD. CITY-ST-7IP Jacksonville, FL 32277 CITY-ST-ZIP JACKSONVILLE FL 32246 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Detete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

Vladimir Morozov

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4/24/00