2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000017015 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** STILTNER MARBLE SILLS, INC. 03-13-2000 90035 012 ***150.00 Principal Place of Business Mailing Address 505 SUNBELT ROAD. STE 2 505 SUNBELT ROAD, STE 2 LADY LAKE FL 32159-5607 LADY LAKE FL 32159 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 59-3493454 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STILTNER, BRENDA Street Address (P.O. Box Number is Not Acceptable) 505 SUNBELT ROAD, STE 2 LADY LAKE FL 32159 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 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 Change TITLE ☐ Delete TITLE NAME STILTNER, BRENDA STREET ADDRESS STREET ADDRESS 2717 S DELLWOOD DRIVE CITY-ST-ZIP CITY-ST-ZIP EUSTIS FL 32726 STD Change ☐ Addition TITLE Delete TITLE STILTNER, LENA NAME NAME STREET ADDRESS STREET ADDRESS 2717 S DELLWOOD DRIVE CITY-ST-ZIP CITY-ST-7IP EUSTIS FL 32726 Change Addition ☐ Delete TITLE STILTNER, ELIZABETH NAME NAME STREET ADDRESS STREET ADDRESS 2717 S DELLWOOD DRIVE CITY-ST-ZIP CITY - ST - ZIP **EUSTIS FL 32726** Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition BATTAN CLIDA ☐ Delete 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

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.

SCHATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

8 March 2000

352-753-3999

Daytime Phone #