2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000084790 Apr 10, 2000 8:00 am Secretary of State DJ PLASTERING, INC. 04-10-2000 90044 016 ***150.00 Mailing Address Principal Place of Business 4524-CORAL-PALMS-LANE-SUITE-8 4524 CORAL-PALIAS LANE SUITE 8 NAPLES FL 34117-6613 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address 3381 SW 21 AVE 3321 SW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NAPLES NAPLES Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired COIII ER COILLER-Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEJIA, JEFFERSON I Street Address (P.O. Box Number is Not Acceptable) - 4524 CORAL PALMS LANE SUITE 8 NAPLES FL 94116 338/ SW 21 AVE 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 ag (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 After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12, 11. SPD PRESIDENT TITLE **T** Change Addition ☐ Delete TITLE MEJIA. JEFFERSON I NAME NAME 3381 SW 21 AVE 4524 CORAL PALMS LANE - SUITE 8 STREET ADDRESS STREET ADDRESS NAPLES FC 34117 NAPLES FL 34116 CITY-ST-ZIP CITY-ST-ZIP VICE-PRESIDENT/TREMURER TITLE SPENIA Delete TITLE. MEJIA, DI YON majia, dixon j NAME WAR NAME 396 NE 21 STREET 4524 CORAL PALMS LANE SUITE 8 STREET ADDRESS STREET ADDRESS MIANI, FL 33137 NAPLES FL 34116-CITY-ST-ZIP CITY-ST-ZIP SECRE TARY ☐ Delete ☐ Change **Addition** TITLE TITLE NAME NAME VASILIS PENA 3381 SW 21 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00 (941) 633-832

CR2E034 (9/9)