FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 03, 2001 8:00 am Secretary of State DOCUMENT # P98000094414 S.R. PETERSON TILE & MARBLE, INC. 05-03-2001 90911 003 ***150.00 Principal Place of Business Mailing Address 4360 BLUEJAY PLACE 4360 BLUEJAY PLACE SUITE 7 SUITE 7 TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address 0330 Manila Drive Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3542977 Cocoa, Fl. Cocoa, F1. Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32927 32927 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Peterson, Stephen R. PETERSON, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 4360 BLUEJAY PLACE, BOX 7 6330 Manila Drive TITUSVILLE FL 32796 City Cocoa, 8. The above named entity submits this statement for the purpose of changing its registered office of egistered agent, or both, in the State of Florida SIGNATURE 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 After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition TITLE Change ☐ Delete TITLE Peterson, Stephen R. NAME PETERSON, STEPHEN R 6330 Manila Drive STREET ADDRESS STREET ADDRESS 4360 BLUEJAY PLACE, BOX 7 CITY-ST-ZIP CITY-ST-ZIP Cocoa, F1. 32927 TITUSVILLE FL 32796 _ ---- Delete ☐ Change ☐ Addition TITLE __ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-2IP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

4/27/06

Daytime Phone #

☐ Change

☐ Addition