FILED Sep 13, 2001 8:00 am Secretary of State **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** P98000100512

1. Entity Name GARY MORTON CERAMICS, INC. 09-13-2001 90014 003 ***150.00 Principal Place of Business Mailing Address 701 SW 44TH AVE. 701 SW 44TH AVE. PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0881356 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORTON, GARY Street Address (P.O. Box Number is Not Acceptable) 701 SW 44TH AVE. PLANTATION FL 33317 City Zip Code 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 \$550.00 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 September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change Addition NAME MORTON, GARY NAME STREET ADDRESS 701 SW 44TH AVE. STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 of the corporation or the receiver or truster changed, or on an attachment with an add

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

Delete

☐ Change

☐ Addition

(2/01)CR2E034

Attachhent 9-90. Duc.#pa8000100512 80005248 Dear DIVISION OF CORP. I CALLED YOUR OFFICE AND THEY TOLD ME TO EXPLAIN MY SITUATION IN A LETTER WITHAND CHECK. I ORIGINACLY MAILED OUT A CHECK (#3905) ON 5-22-01. I WAS TAKEN BACK WHEN I RECIEVED PAPERS STATING IT WOULD COST ME 600,00. DECHUSE OF NOT RECIEVING PAYMENT. SOMEHON MY CHECK DIDN'T GET TO YOUR OFFICE. THE CARY IN YOUR OFFICE SAID TO REWRITE CHECK IN AMOUNT OF 150,00 AND SEND IN: HERE THAT IS. THANKS FOR YOUR UNDERSTRANDING SINCERELY, SANY MORTON

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