2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000104019 May 08, 2000 8:00 am Secretary of State Bell Stucco INC. 05-08-2000 90124 024 ***150.00 Mailing Address 2406 25th Auc, west Principal Place of Business 2406 25th Ave west 3 Radenton, Fl. 34205 RRadenton, Fli34205 C0084327 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For 4. FEI Number City & State City & State 65-0777669 Not Applicable Zio Zio Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BELL CHARLES Street Address (P.O. Box Number is Not Acceptable) 2406 25th Ave. West Bradenton, Fl. 34205 Zip Code FL statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named entity subprits th Signature, typed or print 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. CR2E034 (9/99) PRESIDENT ☐ Addition TITLE ☐ Defete CHarles Bell NAME NAME STREET ADDRESS STREET ADDRESS 2406 25th Ave. W. Bradenton, Fl. 34205 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF lice President Harles Compton Delete ☐ Change Addition TITLE TITLE 442856th Ave. Dr. e. NAME STREET ADDRESS STREET ADDRESS Bradenton, Fl 34203 CITY-ST-ZIP CUSEBIO CHARelo Alvarado Delete SECRETARY ☐ Change Addition TITI É NAME NAME 1202 MARTIN LUTLER King Pl. STREET ADDRESS STREET ADDRESS Palmetto Fl CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 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-ZIP 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 import 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 trusted 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 appowered. SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR