2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: \

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

FILED DOCUMENT # P9900004573 May 12, 2000 8:00 am Secretary of State FOAM PRODUCTS, INC. 05-12-2000 90045 042 ***150.00 Principal Place of Business Mailing Address 11916 HATCHER CIRCLE 11916 HATCHER CIRCLE ORLANDO FL 32824-8786 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address 11423 georgetown Circle Suite, Apt. #, Vic. 11423 George town Circle DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. 4. FEI Number City & State City & State TAMPA Not Applicable TAMPA Country \$8.75 Additional 5. Certificate of Status Desired - -Hillsborough Hillshorou 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTOPHER ORUSTROM NORDSTROM, CHRISTOPHER K Street Address (P.O. Box Number is Not Acceptable 11916 HATCHER CIRCLE ORLANDO FL 32824 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 ISTOPHER NORDSTROY 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. -11. ☐ Addition DPST ☐ Delete Change TITLE TITLE NORDSTROM, CHRISTOPHER K NAME 11423 GEORGETOWN CIRCLE STREET ADDRESS 11916 HATCHER CIRCLE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33635 CITY-ST-ZIF ORLANDO FL 32824 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change、 Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ■ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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.