2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 04, 2001 8:00 am Secretary of State DOCUMENT # P99000018523 1. Entity Name A & E WALLPAPERING, INC. 04-04-2001 90063 010 ***150.00 Mailing Address Principal Place of Business 235 SOMERSET WAY 235 SOMERSET WAY WESTON FL 33326-2983 WESTON FL 33326-2983 Mailing Address Principal Place of Business roton Court 314 Croton coult DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0901068 Not Applicable ROP ON A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TIEFENTHALER, JAMES 235 SOMERSET WAY WESTON FL 33326 Pity DQ GHOT 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered a FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE **PSTD** ☐ Delete TITLE 1314 croton court NAME TIEFENTHALER, JAMES J NAME STREET ADDRESS WOSTON F 235 SOMERSET WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE WESTON FL 33326-2983 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition . Change TITLE ☐ Delete --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 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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. If 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR