2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 28, 2000 8:00 am Secretary of State DOCUMENT # P99000023271 1.. Entity Name SMART MASONRY SYSTEMS, INC. 08-28-2000 90057 042 ***550.00 Principal Place of Business Mailing Address 4206 NW 69TH TERRACE 4206 NW 69TH TERRACE CORAL SPRINGS FL 33065-2235 CORAL SPRINGS FL 33065 000818082. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 65.0 Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JENSEN, RANDELL Street Address (P.O. Box Number is Not Acceptable) 4206 NW 69TH TERRACE CORAL SPRINGS FL 33065 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) 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. 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. Change ☐ Addition **PSTD** ☐ Delete TITLE TITLE JENSEN, RANDALL NAME 4206 NW 69TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** TITLE Change Addition ☐ Delete TITLE JENSEN, MARSHA NAME STREET ADDRESS 4206 NW 69TH TERRACE -STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL SPRINGS FL 33065** ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change

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 receive for 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

TITLE

NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

☐ Delete

Addition