2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE:

May 19, 2002 8:00 am Secretary of State P99000025628 DOCUMENT # 05-19-2002 90212 047 ***150 00 CARPET INSTALLATION BY NOEL, INC. Principal Place of Business Mailing Address 3275 CORAL RIDGE DR 3275 CORAL RIDGE DR 860354 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 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 65-0914992 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Désired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HINDS, NOEL Street Address (P.O. Box Number is Not Acceptable) 3275 CORAL RIDGE DR CORAL SPRINGS FL 33065 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 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 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE HINDS, NOEL NAME NAME 3275 CORAL RIDGE DR STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33065 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITI F HINDS, LOTTIE NAME NAME 3275 CORAL RIDGE DR. STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33065 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE TITLE Gibson, Glen NAME 3275 CORAL RIDGE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33065 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP ☐ Change Maddition Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

PRESIDENT

FILED