FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State DOCUMENT # P99000035779 1. Entity Name FLORIDA WHIRLPOOL TUBS AND SYSTEMS, INC. 09-12-2001 90103 023 ***550.00 Principal Place of Business Mailing Address 1706 N. LLOYD STREET 1706 N. LLOYD STREET CRESTVIEW FL 32536 CRESTVIEW FL 32536 Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 39-9506437 Not Applicable Country \$8.75 Additional SA 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRUNEAU, JOHN Street Address (P.O. Box Number is Not Acceptable) 1706 N. LLOYD STREET **CRESTVIEW FL 32536** 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 BRUNEAU — CEO SIGNATURE rped or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CEO TITLE CR2E034 (5/01) Delete TITLE ☐ Addition Change BRUNEAU, JOHN NAME NAME BRUNEAU 1706 N. LLOYD ST. STREET ADDRESS STREET ADDRESS PANAMA **CRESTVIEW FL 32536** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE - 🖂 Delete : -- 🖘 .TITLE --- 25-3 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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

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changed, or on an attachment wi

850-682-815