FILED 5/17/0 2000 UNIFORM BUSINESS REPORT (UBR) Jun 29, 2000 8:00 am Secretary of State DOCUMENT # P99000039464 05-17-2000 90853 007 \*\*\*150.00 LAKE TILE SERVICES, INC. Principal Place of Business Mailing Address -- BENTBOUGH DRIVE 206 BENTBOUGH DRIVE 3 U D O U A FL 34748 LEESBURG FL 34748-9223 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59-3571304 City & State City & State Applied For Zip Country Zip Country \$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 Name WINE, GENE EDWARD - ... Street Address (P.O. Box Number is Not Acceptable) 206 BENTBOUGH DRIVE LEESBURG FL 34748 City Zip Code FŁ 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PVST CR2E034 (9/99) ☐ Change Addition ☐ Delete WINE, GENE EDWARD NAME NAME 206 BENTBOUGH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34748 Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE □ Delete NAME" NAME : STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CTTY-ST-ZIP Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete DILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered. SIGNATURE: OFFICER OR DIRECTOR