2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P99000042279 PAPER CHASE FLOORING, INC. 01-29-2001 90040 037 ***150.00 Principal Place of Business Mailing Address 2050 N ANDREWS AVE EXIT 2050 N ANDREWS AVE EXIT SUITE 114 SUITE 114 **UUUUUUUU** POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0919555 Not Applicable Žip Country Zip \$8.75 Additional 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 SIGMON, KATHY L Street Address (P.O. Box Number is Not Acceptable) 6331 STIRLING ROAD DAVIE FL 33314 Zip Code City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 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, 2001 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TIT! F **BROWN. PHILLIP** NAME NAME STREET ADDRESS STREET ADDRESS 7925 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Delete Addition TITLE TITLE ☐ Change BROWN, MEGHAN NAME NAME STREET ADDRESS STREET ADDRESS 7925 NW 87TH AVE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change Addition ☐ Delete TITLE TITLE **BROWN, NICHOLAS E** NAME NAME STREET ADDRESS STREET ADDRESS 2513 SUGARLOAF LN CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 [7] Change ☐ Addition Detete TITLE TITLE JOHNSON, LEONARD NAME NAME 5301 NW 28 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33309 ☐ Change ☐ Addition ☐ Delete TITLE 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-ZIP 13. I hereby certify that the information supplied with this filling 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 aptdress, with all other like empowered.

Nicholas E. Brown Vice President 01-19-01 984 917 5100

FILED