2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am § Secretary of State P99000044399 DOCUMENT # 1. Entity Name 05-23-2002 90102 039 ***150.00 CORNERSTONE CLEANING & JANITORIAL SUPPLIES INC. Principal Place of Business Mailing Address 12537 WALSINGHAM RD. 12537 WALSINGHAM RD. LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3494478 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARPENTER, RICHARD Street Address (P.O. Box Number is Not Acceptable) 9970 INDIAN KEY TRAIL SEMINOLE FL 33776 City Zip Code 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 TITLE □ Delete TITLE Change ☐ Addition CR2E034 (9/01) NAME CARPENTER, RICHARD NAME STREET ADDRESS 9970 IDIAN KEY TRAIL STREET ADDRESS CITY-ST-7IP SEMINOLE FL 33776 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STERN, MARLENE D NAME STREET ADDRESS 9970 IDIAN KEY TRAIL STREET ADDRESS CITY-ST-ZIP SEMINOLE FL 33776 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 with all other like empowered

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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