2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # S77513 1. Entity Name TROPICAL TOP & AUTO/MARINE UPHOLSTERY, INC. 04-23-2001 90182 031 ***150.00 Principal Place of Business Mailing Address 113 NW 6 ST 113 NW 6 ST POMPANO BEACH FL 33060 642566 POMPANO BEACH FL 33060 ЦS 2. Principal Place of Business 3. Mailing Address 113 NW NW Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ~₩Ð₩€ \sim City & State City & State 4. FEI Number Applied For 65-0283030 POMPANO DEACH PMMPANO Not Applicable Country \$8.75 Additional 33060 5. Certificate of Status Desired 33060 USA IJς Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STEPHEN, 6 HIGGENS, STEPHEN G. Street Address (P.O. Box Number is Not Acceptable) 212 S.E. 22ND AVE. 400 POMPANO BEACH FL 33062 MPANO 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. PRESIDENT ☐ Delete TITLE Change ☐ Addition TITLE HIGH NS, STEPHEN HIGGINS, STEPHEN G NAME NAME 400 SW Z ST STREET ADDRESS STREET ADDRESS 23 NE 23 AVE #9 BEACH IFL 33060 CITY-ST-ZIP POMPANO BEACH FL 33062 POMPA LO CITY-ST-ZIP TREASURER ☐ Addition TITI F ☐ Delete HUGGINS , ROBERT HIGGINS, ROBERT NAME NAME DRIVE 22336 PALOMITA STREET ADDRESS 22336 PALOM DRIVE STREET ADDRESS 33428 BOCA RATON IFL CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33428** Change ☐ Addition TITLE ☐ Delete HIGGINS, RAYMOND B NAME NAME 5121 SUNRISE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Delete TITLE Change 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7/P

STEPHEN 6 HIGGINS 4-13-0

(954)941-7184

Daytime Phone #