2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # \$82506** 1. Entity Name CONCRETE COATINGS, INC. 01-26-2000 90032 005 ***150.00 Principal Place of Business Mailing Address 6900 PHILLIPS HIGHWAY 6900 PHILLIPS HIGHWAY SUITE 22 900090 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216-6058 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 59-3085328 Not Amilia Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HURST, CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 4540 SOUTHSIDE BLVD. SUITE 902A JACKSONVILLE FL 32216 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition HURST, JAMES N. NAME NAME 6900 PHILLIPS HWY #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Delete ☐ Change TITLE TITLE MCDONALD, JERRY L. NAME NAME 6900 PHILLIPS HWY #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL T/M TITLE ☐ Delete TITLE Change Addition McDonald, Barbara L. NAME NAME 6900 Phillips Hwy #22 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonuille FL 32216 ☐ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP - Delete ☐ Change Addition TITLE TITLE 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: