2000 UNIFORM BUSINESS REPORT (UBR)

Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # V28953** INDEPENDENT SHELVING & MIRRORS, INC. 04-10-2000 90047 043 ***150.00 Mailing Address Principal Place of Business 120 GRIFFIN ROAD 120 GRIFFIN ROAD **UNIT 301** UNIT 301 COCOA FL 32926-5247 COCOA FL 32926 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 59-3120814 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUNDELL, TIM Street Address (P.O. Box Number is Not Acceptable) 120 GRIFFIN ROAD **UNIT 301** COCOA FL 32926 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 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 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition Delete TITLE TITLE POWERS, CHRIS NAME 120 GRIFFIN RD, UNIT 301 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Addition Change TITLE ☐ Delete TITLE GENARO R GARLIA GARCIA, GENARO R NAME NAME 120 GRIFFIN RO, WIT 301 STREET ADDRESS STREET ADDRESS 120 GRIFFIN RD. UNIT 301 CITY-ST-ZIP COLDA FL 32924 CITY-ST-ZIP COCOA FL 32926 X Change ☐ Addition ☐ Delete TITLE TITLE RUNDELL TIM RUNDELL, TIM NAME NAME 120 GRIFFIN RD, UNIT301 STREET ADDRESS 120 GRIFFIN RD, UNIT 301 STREET ADDRESS FL 32926 CITY-ST-7IP CITY-ST-7IP COCOA FL 32926 CUCOA. ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ D∈lete TITLE TITLE 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

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:

4-5
321-632-4823

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR