2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am[§] Secretary of State DOCUMENT # P98000060173 1. Entity Name 05-22-2002 90108 018 ***150.00 EAGLE DRYWALL INTERIORS, INC. Principal Place of Business Mailing Address 11240 SOUTHEAST 132ND PLAE POST OFFICE BOX 2467 OCKLAWAHA FL 32179 BELLEVIEW FL 34421-2467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE *** City & State City & State Applied For .59-3520867... Not Applicable 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 YOUNG, TERRY Street Address (P.O. Box Number is Not Acceptable) 11240 SE 132ND PLACE OCKLAWAHA FL 32179 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, typed or printed name of registered agent and title if applicable. (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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME YOUNG, TERRENCE M NAME STREET ADDRESS 11240 SOUTHEAST 132ND PLAE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA FL 32179 CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME YOUNG, TERRENCE M JR. NAME STREET ADDRESS 11240 SOUTHEAST 132ND PLAE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA FL 32179 CITY-ST-ZIP TITLE ☐ Delete TITLE ST Change □ Addition NAME YOUNG, TERRY NAME STREET ADDRESS 11240 SOUTHEAST 132ND PLAE STREET ADDRESS CITY-ST-ZIP OCKLAWAHA FL 32179 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF

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