2001 UNIFORM BUSINESS REPORT (UBR)

Jul 10, 2001 8:00 am DOCUMENT # POODDO 50076 **Secretary of State** 05-30-2001 90033 010 ***150.00 ALL IS WELL Commercial and Residential Pointing SERVICES, INC Principal Place of Business Mailing Address 925 TUPFIE CREEK DR N ∠ Same. Jacksonville FL 32218 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 59-3645359 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name.... Eugene M. Johnson 925 TURTIE CREEK DR. N Street Address (P.O. Box Number is Not Acceptable) Jacksonville FL 32218 Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. 5-gnature, typed or printed name of registered agent and tide (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 Tax filing requirement and elects to do so. After MAY 1, 201 15 Fee will be \$550,00 ke. Chack Payab e to Department of State Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payab 11 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete President TITLE ☐ Change ☐ Addition DAME NAME EUGENE M. Johnson STREET ADDRESS STREET ADDRESS 925 TURTLE CREEK Dr N CITY-ST-ZIP SECRETARY Johnson CITY-ST-ZIP Deleta ☐ Change ☐ Addition Doretha Y. HAME NAME 1925 Turtle Creek Dr N STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAX tr 32218 CITY+ST-ZIP TREASURER FITLE ☐ Delete Addition MERCEDES MILLER NAME 4339 FEENTShire Rd STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JAK FL 32208 CITY-ST-ZIP ITTLE ☐ Delete TITL F Addition | NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 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 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 if y signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is 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.

FILED