(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 19, 2002 8:00 am § Secretary of State **DOCUMENT #** P01000088530 1. Entity Name SKYLINE PAINTING SERVICES, INC. 05-19-2002 90181 007 ***150.00 Principal Place of Business Mailing Address 885 SOUTH VINELAND ROAD 885 SOUTH VINELAND ROAD WINTER GARDENS FL 34787 8 13 13 1 10 10 WINTER GARDENS FL 34787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For -3743980 Zip 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 SPIEGEL & UTRERA, P.A. Bashioum 1840 SW 22ND ST. 4TH FLOOR 5 **MIAMI FL 33145** Craidens 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. 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 Tax filing requirement and elects to do so. 10: Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PTD ☐ Delete TITLE ☐ Change BASHIOUM, REBECCA J Addition NAME STREET ADDRESS 885 SOUTH VINELAND ROAD STREET ADDRESS CITY-ST-ZIP WINTER GARDENS FL 34787 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME BASHIOUM, GEOFFREY D ☐ Addition NAME STREET ADDRESS 885 SOUTH VINELAND ROAD STREET ADDRESS CITY-ST-ZIP WINTER GARDENS FL 34787 CITY-ST-ZIP TITLE Director ☐ Delete NAME Change Addition William J_Long NAME STREET ADDRESS 1726 King Philip Dr. STREET ADDRESS CITY-ST-7IP Kissimmee, Fl 34786 CITY-ST-ZIP TITLE ☐ Delete NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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

407-832-9832