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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

changed, or on an attachment with an address

Apr 18, 2003 8:00 am Secretary of State P38037 DOCUMENT # 04-18-2003 90153 050 ***150.00 1. Entity Name CERTA PROPAINTERS LTD. INC. Principal Place of Business Mailing Address 150 GREEN TREE RD PO BOX 836 **OAKS PA 19456 SUITE 1003** OAKS PA 19456 2. Principal Place of Business 3. Mailing Address clo Ferrante Associates Suite, Apt. #, etc. Suite, Apt. #, etc. X CHECK HERE IF MAKING CHANGES Prospect City & State Applied For City & State 4. FEI Number 04-3140719 MΑ Not Applicable ambrida Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 02139 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FÉÉ IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State i10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CFO /AS TITLE ▼ Addition TEITLE . ☐ Delete James 5. Leiby 150 Green Tree Road, Suite 1003 FOUGERON, GEORGE NAME NAME STREET ADDRESS 929 MILL GROVE DR. STREET ADDRESS **AUDUBON PA: 19403** CITY-ST-ZIP CITY-ST-ZIP Oaks, PA 19456 **⊠** Change □ Addition Delete TITLE TITLE George Fougeron PATTERSON, SCOTT NAME NAME 150 Green Tree Road, Suite 1003 51 BENNINGTON HEIGHTS BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TORONTO ONTARIO H4G- 1A8 CITY-ST-ZIP Oaks, PA 19456 51T-10 --Change C ☐ Addition TITLE Delete TITLE Paul W. Clements CLEMENTS, PAUL W. 5397 Eglinton Ave. West, Suite 108 NAME NAME STREET ADDRESS **STREET ADDRESS** R.R. #3 M9C 5Klo Canada STOUFFEVILLE, ONT, CAN CITY-ST-ZIP CITY-ST-ZIP Etobicoke, Ontario_ ☐ Delete TITLE Change Change Addition TITI F Steven S. Rogers ROGERS, STEVEN S. NAME NAME 5397 Eglinton Ave. West, Suite 108 STREET ADORESS 868 MELTON DRIVE STREET ADDRESS CITY-ST-ZIP MISSISSAUGA ON CITY-ST-ZIP M9C 5Klo Canada Ontario TITLE ~ ☐ Delete TITLE NAME 🤄 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if