2000 UNIFORM BUSINESS PEPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT# P93000057043 1. Entity Name PREVENTIVE MAINTENANCE SERVICES COMPANY 05-08-2000 90121 023 ***150.00 Principal Place of Business Mailing Address 2220 Central Avenue 2220 Central Avenue St Petersburg FL 33712 St Petersburg FL 33712 3. Mailing Address 2. Principal Place of Business DO'NOT WRITE IN THIS SPACE Suite, Apt.-#, etc.-- Suite: Apt:#: etc. Applied For City & State 4. FEI Number City & State 59 3202070 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Carole Metour Street Address (P.O. Box Number is Not Acceptable) 2220 Central Avenue St Petersburg FL 33712 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. FILE NOWILL 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, (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 ☐ Addition CR2E034 (9/99 TITLE ☐ Delete TITLE D NAME NAME Metour, Carole STREET ADDRESS STREET ADDRESS 305 Eighteenth Avenue NE CITY-ST-ZIP CITY-ST-ZIP St Petersburg FL 33704 Change ☐ Addition TITLE NAME Martherus, Nico STREET ADDRESS STREET ADDRESS 17429 Second Street East CITY-ST-7IP CITY-ST-ZIP Redington Shores FL 33708 Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS

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.

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TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

PLACE 0 04.19.00 72-

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