2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 1

FILED May 12, 2002 8:00 am § Secretary of State DOCUMENT # P99000006817 1. Entity Name LARRY'S PAINTING & PRESSURE CLEANING, INC. 05-12-2002 90624 015 ***150.00 Principal Place of Business Mailing Address 834 PEPPERTREE COURT 834 PEPPERTREE COURT WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0892545 Not Applicable Zip Zip 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 ALBERTO, LARRY Street Address (P.O. Box Number is Not Acceptable) 13126 66TH ST NORTH WEST PALM BEACH FL 33412 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 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 ☐ Addition ALBERTO, LARRY NAME NAME 834 Peppertree Crunt Wellington, FL 33414 13126 66TH ST. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ALBERTO, LUANNE NAME NAME P34 Peppertree Court Wellington, F2 33414 STREET ADDRESS 13126 66TH ST N. STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33412 CITY-ST-ZIP .ST ______ -- --- 🗔 Delete ---TITLE- == ☐ Addition NAME ALBERTO, LARRY 834 Perpentree Court STREET ADDRESS 13126 66TH ST. N. STREET ADDRESS Welling for FL 33Y1Y WEST PALM BEACH FL 33412 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME 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 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 of 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.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.22.02

Daytime Phone #

CR2E034 (9/01)