**FUK PRUFII GURPUKATIUN FILED** UNIFORM BUSINESS REPORT (UBR) May 15, 2002 8:00 am Secretary of State DOCUMENT # P01000002974 05-15-2002 90068 021 \*\*\*150.00 A-Quality Seal Coating + Stripping Fre DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2329 SevenSprings Blud 2329 Seven Springs Blud DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NEW PORT PICHEY 59-3690279 IEW PORT RICHE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent lonard 1 Rubia DO-NOT-WRITE seven sorings buid IN THIS SPACE 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 eonard leubia President SIGNATURE January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its intangible After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State THE CR2E034B (12/01) TITLE LEONARD TRUBIA NAME NAME 2329 Seven Springs Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORTRICHEN FL 34655 CITY-ST-ZIP TITLE TITLE FRANK TRUBIA 2329 SEVEN SPRINGS BLVD NEW PORT RICHEY FL 34655 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY ST-ZIP TITLE IN THIS SPACE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR