FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am } Secretary of State 151872 **DOCUMENT #** 1. Entity Name SUNTEC PAINT, INC. 04-22-2002 90217 044 ***150 Principal Place of Business Mailing Address P O BOX 2278 P O BOX 2278 GAINESVILLE FL 32602 GAINESVILLE FL 32602 2. Principal Place of Business 3. Mailing Address Рο UNTEC Box 2278 MT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SE samesville City & State City & State 4. FEI Number Applied For 59-0572718 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32607 T)SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANDERSON, JOSEPH H. Street Address (P.O. Box Number is Not Acceptable) 1111 SE 22ND AVENUE GAINESVILLE FL 32601 City Zip Code Fl 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) DATE 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. П 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 CR2E034 (9/01) Change ☐ Addition NAME GODLEY, KAREN C NAME STREET ADDRESS 1920 S.W. 8TH DRIVE STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32601 CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME ANDERSON, JOSEPH H NAME STREET ADDRESS 1111 S.E. 22ND AVENUE STREET ADDRESS CITY-ST-ZIP Gainesville fl CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME anderson, Willette H NAME STREET ADDRESS 2066 NW 19TH LA STREET ADDRESS CITY-ST-ZIP gainesville FL 32605 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition ANDERSON, HEWLETT S NAME NAME STREET ADDRESS 2066 NW 19TH LA STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32605 CITY-ST-7IP SECRETARY, VICE PRESIDENT TITLE ☐ Delete TITLE Change ☐ Addition CRAVES, ERIC J. 2208 NW 74 LANE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GAINES VILLE, FL 32603 ☐ Delete TITLE Change ☐ 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 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

SIGNATURE: