2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 395810 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** ROBERT SANTUCCI PAINTING CONTRACTOR, INC. 03-24-2000 90101 016 ***150.00 - Mailing Address Principal Place of Business - MOVED COCONUT CREEK FL 33066 3032 E. Conneccia Blut 4364 CARAMBOLA CIRCLE N COCONUT CREEK FL 33066-2 US COCONUT CREEK FL 33066-2458 Ft. Lauderdale FL 33308 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1379577 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 4364 CARAMBOLA CIRCLE NORTH 3032 E. Commerce | Blod GOCONUT CREEK FL 33066 Ft. Landerdale, FL 33308 Street Address (P.O. Box Number is Not Acceptable) -COCONUT-CREEK-FL-33066 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE TD NAME HOUSTON, LINDA STREET ADDRESS STREET ADDRESS 4364 CARAMBOLA CIRCLE NO CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Addition 3032 E. Commercial Blud. PMB 42 Ft. Lauderdale, FL 33308 Change ☐ Delete TITLE TITLE NAME NAME SANTUCCI, ROEBRT JR STREET ADDRESS STREET ADDRESS 4364 CARAMBOLA CIRCLE N CITY-ST-7iP CITY-ST-ZIP COCONUT CREEK FL ☐ Addition ☐ Change Delete : TITLE TITLE -NAME NAME STREET ADDRESS STREET ADDRESS City-St-7iP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

MUTUAL UR FROGE GIANNO OFFICE OR DIRECTOR

3-70-00

954-565-4011

Daytime Phone #