2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 413936 Apr 24, 2000 8:00 am Secretary of State 1. Entity Name DEAN BALDWIN PAINTING, INC. 04-24-2000 90092 040 ***150.00 Mailing Address Principal Place of Business 15560 OCEAN BREEZE LN 15560 OCEAN BREEZE LN WELLINGTON FL 33414-7131 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1686706 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KADE, PAUL M ESQ. Street Address (P.O. Box Number is Not Acceptable) 9300 S. DADELAND BLVD. **SUITE 408 MIAMI FL 33156** 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. SIGNATURE 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 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PD TITLE ☐ Delete TITLE NAME BALDWIN, LARRY D. NAME STREET ADDRESS STREET ADDRESS 15560 OCEAN BREEZE LANE CITY-ST-7IP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition Delete TITLE TITLE BALDWIN, BARBARA V NAME STREET ADDRESS STREET ADDRESS 15560 OCEAN BREEZE LN. CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition ☐ Delete TITLE TITLE BALDWIN, CARL D NAME NAME STREET ADDRESS STREET ADDRESS 15560 OCEAN BREEZE LANE CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete · TITLE 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:

SIGNATURE AND THES OF PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

PD 4/17

305-945-1666

Daytime Phone #