FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 06, 2002 8:00 am DOCUMENT # 618152 **Secretary of State** 1. Entity Name 02-06-2002 90046 017 ***150.00 MCQUISTON PAINTING, INC. Principal Place of Business Mailing Address 118 TINDALE CIRCLE 118 TINDALE CIRCLE LONGWOOD FL 32779 LONGWOOD FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1913935 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . MCQUISTON, CHARLES L. Street Address (P.O. Box Number is Not Acceptable) ,118 TINDALE CIRCLE LONGWOOD FL 32570 City 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. 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. 12. CR2E034 (9/01) Addition TITLE Delete TITLE NAME MCQUISTON, CHARLES L. NAME STREET ADDRESS STREET ADDRESS 118 TINDALE CIR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL ☐ Delete ☐ Change Addition TITLE TITLE NAME MCQUISTON, BRENDA J. NAME STREET ADDRESS STREET ADDRESS 118 TINDALE CIR. CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL Delete Change --- Addition TITLE. TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ 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: