2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 28, 2001 8:00 am **DOCUMENT # F43314** Secretary of State INDIAN RIVER PAINT COMPANY 02-28-2001 90115 020 ***150.00 Principal Place of Business Mailing Address 2865 KIRBY AVENUE 2865 KIRBY AVENUE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2140047 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FARRIOR, CRAIG Street Address (P.O. Box Number is Not Acceptable) 2278 WHITESIDE AVE. S.E. PALM BAY FL 32909 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE PD TITLE ☐ Delete Addition ☐ Change NAME FARRIOR, CRAIG NAME STREET ADDRESS 2278 WHITESIDE AVE. SE STREET ADDRESS CITY-ST-7IP CITY-ST-7IP PALM BAY FL TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-7IP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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.

STREET ADDRESS

CITY+ST-ZIP

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NAME

SIGNATURE: CLAY OF THE CHAPTER OF SIGNING OFFICER OFFICER OF SIGNING OFFICER OFFICE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

ATG W. FARATOR 2/23/61 321-729-0696

☐ Change

Addition

CR2E034 (10/0