2002 UNIFORM BUSINESS REPORT (UBR)

Sep 17, 2002 8:00 am Secretary of State F99000004467 DOCUMENT # 1. Entity Name 09-17-2002 90101 035 ***150.00 IDEAL DECORATING & PAINTING INC. Principal Place of Business Mailing Address 869 BALLARD ST., STE F 869 BALLARD ST., STE F ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 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 52-2196650 Not Applicable Zip Country 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 Name PEREZ. LEVITT Street Address (P.O. Box Number is Not Acceptable) 138 CORALWOOD CR. KISSIMMEE FL 34743 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. TITLE TITLE ☐ Change Addition ☐ Delete DALOMBO, SHIRLEY NAME 869 BALLARD ST "F" STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP ۷Ď ☐ Delete TITLE Change ☐ Addition TITLE NAME DALOMBO, OMAR NAME STREET ADDRESS. 869 BALLARD ST "F" STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TITLE NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

FILED

FLORIDA DEPARTMENT OF STATE

Division of Corporations

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September 6,2002

Ref: 2002 Uniform Business Report

To whom it may concern,

I am attaching this letter to explain that we do intend to file the 2002 Uniform Business Report.

This notice, which is the first one, was received in these past days.

The information on the report is correct, nothing has changed.

The business address is also the same.

I am submitting it, as it would be the first notice.

Any decision made by the Department of State will be respected.

Thank you for your consideration.

Sincerely,

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Shirley Dalombo