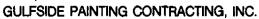
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37690

1. Entity Name





Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90114 024 ***150.00

GOLI SIDE PAINTING CONTRACTING, INC.						
Principal Place % JOHN R. I- 6892 CORRAL SARASOTA F	CIRCLE	Mailing Address % JOHN R. HOHMANN 6892 CORRAL CIRCLE SARASOTA FL 34243			1101 1 311 1111 1111 1101	
2. Principal Place of Business 3. Mailing Address		3. Mailing Address		—	######################################	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING C	HANGES .	
City & Star	te	City & State		4. FEI Number 59-2498495	Applied For Not Applicable	
Zip	Country	Zip	Country		3.75 Additional e Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Age		
			Name			
HOHMANN, JOHN R.			Street Address	Street Address (P.O. Box Number is Not Acceptable)		
6892 CORRAL CIRCLE						
SARASOTA FL 33583						
	of the second se		City	FL	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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE 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 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTORS IN 11	
TITLE	DPV	☐ Delete	TITLE		Change Addition 8	
NAME STREET ADDRESS CITY-ST-ZIP	HOHMANN, JOHN R. 6892 CORRAL CIRCLE SARASOTA FL		NAME STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLÉ	SVP	☐ Delete	TITLE		Change Addition	
	HOHMANN, LINDA M	C Delete	NAME		7 01101190 - 70011011 5	
STREET ADDRESS	6892 CORRAL CIRCLE		STREET ADDRESS		ļ	
CITY-ST-ZIP	SARASOTA FL 34243		CITY-ST-ZIP			
TITLE	·	☐ Delete	TITLE		Change Addition	
NAME			NAME		İ	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS			
					7 Ohanna Addition	
TITLE NAME		☐ Delete	TITLE NAME	L.	Change Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change Addition	
NAME			NAME			
STREET ADDRESS		<u>.</u>	STREET ADDRESS		}	
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		Change	
NAME			NAME			
STREET ADDRESS	I		STREET ADDRESS		i	

12. 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: 2

CITY-ST-ZIP

941351233