2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

May 15, 2001 8:00 am³ Secretary of State **DOCUMENT # K36287** 05-15-2001 90156 029 ***150.00 DAVID MOORMAN PAINTING, INC. Principal Place of Business Mailing Address % DAVID MOORMAN % DAVID MOORMAN 100014 1205 WHIPPORWILL LANE . 1205 WHIPPORWILL LANE NAPLES FL 34105 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address 302 Pinehurst Grde 302 Pinehurst Circle Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0091509 100 les. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOORMAN, DAVID Street Address (PA Box Number is Not Acceptable) -1205 WHIPPORWILL LANE ine hurs + NAPLES FL 34105 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Delete TITLE MOORMAN, DAVID NAME NAME 302 Pinehurst Circle STREET ADDRESS 1205 WHIPPORWILL LANE STREET ADDRESS Noples, FL 34113 CITY-ST-ZIP NAPLES FL 34105 CITY-ST-ZIP ☐ Delete TITLE MOORMAN, MARDI S NAME Pinehurst Circle STREET ADDRESS 1205 WHIPPORWILL LANE STREET ADDRESS CITY-ST-ZIP ⊙ITY-ST-ZIP NAPLES FL 34105 D Delete MIR, SERMAD NAME NAME STREET ADDRESS 4081 NORTHLIGHT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 TITLE ☐ Addition TITLE ☐ Delete ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 hat 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.