FILED
Apr 17, 2003 8:00 am
Secretary of State
03-14-2003 90006 010 ****50.00

3/1

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000074

1. Entity Name
METRO FINISHES, L.L.C.

55026485

Principal Place of Business	Mailing Address
1422 NEW YORK AVENUE ORLANDO, FL 32803	1517 EAST HILLCREST STREET ORLANDO, FL 32803

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 60-0002713 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SMALLEY, WAYNE 1517 E HILLCREST STREET ORLANDO, FL 32803	Name: Smalley & Company, P.A. Street Address (P.O. Box Number is Not Acceptable): 1517 E. Hillcrest St. City: Orlando FL Zip Code: 32803

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] President — 3-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
DUE By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SPEAR, ANDREW J		NAME		
STREET ADDRESS	1422 NEW YORK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MARKIN, CHARLES M		NAME		
STREET ADDRESS	1422 NEW YORK AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] — 4.15.03 — 321-276-7236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #