FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State **DOCUMENT # L66571** 1. Entity Name JOE LEFFLER PAINTING AND WATERPROOFING, INC. 05-12-2001 90047 041 ***150.00 Mailing Address Principal Place of Business 1381 N. KILLION BAY 4 P.O. BOX 13868 LAKE PARK FL 33403 N. PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0183413 Not Applicable \$8.75 Additional Zip Zip Country Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEFFLER, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 330 SOUTHWIND DR STE 1 N PLM BCH FL 33408 Zip Code City FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See critéria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition PTVS TITLE ☐ Delete TITLE NAME LEFFLER, JOSEPH D NAME STREET ADDRESS STREET ADDRESS 330 SOUTHWIND DR. #1 CITY-ST-ZIP CITY-ST-ZIP N. PALM BEACH FL 33408 Joseph D. Leffler F1 330 Southwist DR F1 **C**hange ☐ Addition TITLE Delete TITLE Lefter Joseph D. #1 330 Southwird Dr. #1 NAME NAME STREET ADDRESS STREET ADDRESS N. PLM. BEN, FL 33-104 CITY-ST-ZIP CITY-ST#ZIP N. PLM BCH FC 33408 🖬 Addition Change Detete TITLE TITLE ARMOLD, TERRY L. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RIVIERA BEACH FL 23404 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 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Change ☐ Addition TITLE ☐ Delete

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 appears, with all other like empowered. JOSEPH D

NAME

STREET ADDRESS

City-St-7IP

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYP OR PRINTED NAME OF SIGNING &