2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M67480 Apr 11, 2000 8:00 am Secretary of State 1. Entity Name METRO PAINTING COMPANY, INC. 04-11-2000 90030 043 ***150.00 Principal Place of Business Mailing Address C/O LARRY J. COLLINS 2822 JOHN MOORE RD BRANDON FL 33511 BOX 2821 BRANDON FL 33509-2821 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-2870402 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COLLINS, LARRY J Street Address (P.O. Box Number is Not Acceptable) 2822 JOHN MOORE RD BRANDON FL 33511 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. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TIT: F TITLE Delete COLE, JAMES R. NAME STREET ADDRESS 7309 RUGGLES FERRY PIKE STREET ADDRESS CITY-ST-ZIP KNOXVILLE TN CITY-ST-ZIP Addition ☐ Delete □ Change TITLE COLLINS, LARRY J. NAME 2822 JOHN MOORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE COLLINS, JOYCE S. NAME NAME 2822 JOHN MOORE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRANDON FL** CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND DOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-5-00

813-684-6688