FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Jan 26, 2001 8:00 am Secretary of State DOCUMENT # P0000006848 1. Entity Name EAST COAST PAINT OF BREVARD, INC. 01-26-2001 90054 040 ***150.00 Principal Place of Business Mailing Address 464 LIGHTHOUSE LANDING 464 LIGHTHOUSE LANDING SATELLITE BEACH FL 32937 SATELLITE BEACH FL 32937 904311 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3622 Not Applicable 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 Name KIRSCHENBAUM, JACK A Street Address (P.O. Box Number is Not Acceptable) 1800 W. HIBISCUS BLVD., STE. 138 **MELBOURNE FL 32901** Zip Code City FI 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE ☐ Delete TITLE Laura A. Dietrich 464 Lighthouse Landing Street NAME DIETRICH, ROBERT NAME STREET ADDRESS STREET ADDRESS 464 LIGHTHOUSE LANDING Satellite Beach, FLa. 32937 CITY-ST-ZIP CITY-ST-ZIP SATELLITE BEACH FL 32937 Stephen L. Gibbs #206 500 Catalina Road TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Cocoa Beach, FLovida 32931 CITY-ST-ZIP CITY-ST-ZIP Change - Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DIDE 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-ZIP 13. I hereby certify that the information supplied with this filling 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

rt L. Dietrich