FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am DOCUMENT # P00000029141 **Secretary of State** PREMIER PAINT & BODY, INC. 03-01-2001 91334 049 ***150.00 Principal Place of Business Mailing Address 4701 SW 45 ST. BUILDING 13. BAY 14 P O BOX 6130 DAVIE FL 33314 HOLLYWOOD FL 33021 3 ^ 3 / 3 2. Principal Place of Business 3. Mailing Address 5350 W JR84 5350 W Suite Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SVITE UITE S City & State pplied For City & State 4. FEI Number FLORIDA FWRIDA DAVIE DAVIE Not Applicable Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired BROWARS 33**31** Paulael) Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHNEIDER SCHNEIDER, MIKE Street Address (P.O. Box Number is Not Acceptable) 4601 OAKES RD **DAVIE FL 33314** 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. 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 11. OFFICERS AND DIRECTORS 12. PRESIDENT Delete TITLE TITLE Change MIKE SCHWEIDER NAME 2585 NW 5914 AVENCE STREET ADDRESS STREET ADDRESS MAKEATE, PL, 33063 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE ☐ Change TITLE RICHRDO RICO 12168 515 PLACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITI F ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 outh; 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.