FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am § Secretary of State DOCUMENT # P00000029587 1. Entity Name OSBRON CUSTOM PAINTING, INC. 04-23-2002 90360 046 ***158.75 Principal Place of Business Mailing Address 1731 50 TERRACE SW 1731 50 TERRACE SW NAPLES FL 34116 NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address 4786 26th AVE S.E. 4786 26H AVE S.E Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3670431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSBRON, JEFFREY G Street Address (P.O. Box Number is Not Acceptable) 1731 50 TERRACE SW NAPLES FL 34116 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing-requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01 ☐ Change ☐ Addition NAME OSBRON, JEFFREY G NAME STREET ADDRESS 1731 50 TERRACE SW STREET ADDRESS CITY-ST-ZIP NAPLES FL 34116 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KILMER, RAYMOND J III NAME STREET ADDRESS 6308 PANTHER LN., APT E3 STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33919 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ 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 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.