2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 10, 2001 08:00 AM P00000038409 DOCUMENT # 1. Entity Name **Secretary of State** GREG RANKEY PAINTING, INC. Principal Place of Business Mailing Address 1415 22 AVE 1415 22 AVE VERO BEACH FL VERO BEACH FL 32960 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0973211 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RANKEY GREG 1415 22 AVE Street Address (P.O. Box Number is Not Acceptable) VERO BEACH FL32960 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. 09/10/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Addition ☐ Change MAME BENROTH NAME LISA GMS STREET ADDRESS STREET ADDRESS 1415 22ND AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH 32960 ☐ Delete TITLE ☐ Change X Addition NAME NAME LOCHETTO JOSEPH MMR STREET ADDRESS STREET ADDRESS 6785 N HWY A1A CITY-ST-ZIP CITY-ST-ZIP FT PIERCE FL34949 ☐ Delete TITLE ☐ Change X Addition NAME MERRITT GMR CRAIG STREET ADDRESS STREET ADDRESS 746 18TH ST APT 9 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL. 32960 ☐ Delete TITLE P/T X Addition Change NAME RANKEY GREG EMR STREET ADDRESS STREET ADDRESS 1415 22ND AVE CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL32960 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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.

SIGNATURE: greg rankey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/t 09/10/2001 Date

Daytime Phone #

CR2E034 (11/00)