2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 13, 2001 8:00 am Secretary of State DOCUMENT # P00000114863 SMG COATINGS, INC. 03-13-2001 90080 013 ***150.00 Principal Place of Business Mailing Address 3430 GREENVILLE ST. 3430 GREENVILLE ST. COCOA FL 32926 COCOA FL 32926 2. Principal Place of Business 3. Mailing Address 041 Clearlake Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For ocoa 3690674 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired usia Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STANLEY, FREDERIC JR. Street Address (P.O. Box Number is Not Acceptable) 1361 BEDFORD DR. **MELBOURNE FL 32940** 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) TITLE ☐ Delete TITI F Change Addition NAME TILLOTSON, CRYSTAL STREET ADDRESS STREET ADDRESS 3430 GREENVILLE ST. CITY-ST-ZIP CITY-ST-ZIP COCOA FL 32926 ☐ Delete TITLE TITLE P/V/S/T Addition Change NAME NAME Tillotson, Crystal 3430 Greenv: Hest STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Cocoa FL 32926 Delete TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

Tillatson 2-5-01 SIGNATURE:

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.