FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State DOCUMENT # P01000010793 1. Entity Name 05-19-2002 90236 009 ***150.00 PERFORMANCE COATINGS INTERNATIONAL, INC. Principal Place of Business Mailing Address 7619 HUMBOLTD AVE. 7619 HUMBOLTD AVE. **NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655** Principal Place of Business DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$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 RUSINSKI, RICHARD Street Address (P.O. Box Number is Not Acceptable) 7619 HUMBOLTD AVE. **NEW PORT RICHEY FL 34655** City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filling 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME RUSINSKI, RICHARD STREET ADDRESS STREET ADDRESS 7619 HUMBOLTD AVE. CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY FL 34655 ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE 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 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

Date

Daytime Phone #

SIGNATURE: