2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am E Secretary of State DOCUMENT # P01000040815 1. Entity Name BIRMINGHAM PAINTING & WATERPROOFING, INC. 02-20-2002 90180 035 ***150.00 Principal Place of Business Mailing Address 9641 PINE LAKE TRAIL 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708 ST PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-*375*87 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required --- 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BIRMINGHAM, DANIEL Street Address (P.O. Box Number is Not Acceptable) 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708 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) DATE 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, 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. President TITLE ☐ Delete TITLE Change Addition Daniel J. Birmingham NAME NAME 9641 PINE LAKE TrAIL STREET ADDRESS STREET ADDRESS ST. PETERSburg , FL. 33708 CITY-ST-ZIP CITY-ST-ZIP Vice PresideNt ☐ Change ☐ Addition TITLE ☐ Delete TITLE PATRICK M. Birmingham 107 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. Petersburg, FL. 33714 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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:

| 1-6-02 | 737.397-2208|

FILED