2003 FOR PROFIT CORPORATION

Apr 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P01000083000 DOCUMENT # 1. Entity Name CHUCK HUGGINS, INC. CHUCK HUGGINS PAINTING Mailing Address Principal Place of Business 2052 J & C BOULEVARD 1739 BOXWOOD AVE NAPLES FL 34109 NAPLES FL 34105 2. Principal Place of Business 3. Mailing Address 1739 BOXNOOD LANE 1739 BOWWOOD LAWE Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 59-3736926 NAMCES Not Applicable NAMES Country Country \$8.75 Additional 5. Certificate of Status Desired \Box COLLIED 34105 COUIENZ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUGGINS, CHARLES E JR. Street Address (P.O. Box Number is Not Acceptable 1739 BOX WOOD LANGE 2052 J & C BOULEVARD NAPLES FL 34109 MAPLES 8. The above named entity submits or the possess of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE Signature, typed or printed DATE cred Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ☐ Addition CHARLES E. HUGGINS J HUGGINS, CHARLES E JR. NAME NAME 1739 BOXWOOD LANE 2052 J & C BOULEVARD STREET ADDRESS STREET ADDRESS NAPLES FL 34109 CITY-ST-7IP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IB Delete +--TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE 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 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE:

12. Thereby certify that the information se indicated on this report or a of the corporation or the re changed, or on an attachn

ME OF SIGNING OFFICER OF

d with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information port 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is