FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 17, 2002 8:00 am Secretary of State DOCUMENT # P01000101155 1. Entity Name 09-17-2002 90106 020 ***150.00 OL SOUTH PAINTING INC. Mailing Address Principal Place of Business 935 SOUTH PEARL 935 SOUTH PEARL CRESTVIEW FL 32539 CRESTVIEW FL 32539 Principal Place of Business 935 Sour DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2 Not Applicable Country \$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 STEWART, PATTI Street Address (P.O. Box Number is Not Acceptable) 218 STILLWELL BLVD GRESTVIEW FL 32539 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (4/02) ☐ Addition Change ☐ Delete TITLE TITLE NAME DORION, CAROLYN NAME STREET ADDRESS STREET ADDRESS 935 S PEARL CITY-ST-ZIP CITY-ST-ZIP **CRESTVIEW FL 32539** Addition Change TITLE ☐ Delete TITLE NAME NAME CHAMNISS, TINA STREET ADDRESS STREET ADDRESS 1003 AL GILLMAN RD CITY-ST-7IP CITY-ST-ZIP MILLIGAN FL 32536 Change ☐ Addition ☐ Delete TITLE TITLE NAME STEWART, PATTI NAME STREET ADDRESS STREET ADDRESS 218 STILLWELL CITY-ST-ZIP CITY-ST-ZIP CRESTVIEW FL 32539 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITI F Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>09-12-02</u>

850-423-0515 Davisme Phone #

Affachment POI 000101155 09-12-02 To whom It May Concern. We are filing our UBR report at this time due to the fact that this has been our first notice. We were unaware that we should file until this time. We would greatly appreciate a wavier of the late fee in our first lyear of business Thank Upu, Ol South Painting Inc. Patti Steunst