2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P02000059993

May 27, 2003 8:00 am Secretary of State

04-30-2003 90149 013 ***158.75

ROBISON PAINTING, INC. 55043653 Principal Place of Business Mailing Address 2305 ROSEHILL COURT 2305 ROSEHILL COURT BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address 2305 Boseh 2305 705 Suite, Ant #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Brandier ሊመካላነው Not Applicable 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 ROBISON, AARON MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2305 ROSEHILL COURT **BRANDON FL 33510** 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. I am familiar with, and accept the obtigations of registered agent, SIGNATURE ed name of registered agent and title if applicable (NOTE: Registered 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 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change ☐ Addition President ROBISON, AARON MICHAEL NAME NAME Amena Robusol STREET ADDRESS 2305 ROSEHILL COURT STREET ADDRESS 3305 CR2E034 CITY-ST-7IP BRANDON FL 33510 CITY-ST-ZIP Vice fresident Delete ntie MLE ☐ Addition NAME NAME Patrick Sallot STREET ADDRESS 1907 French Roa STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMOR Delete TITLE Reasurer TITLE ☐ Addition ☐ Channe goa Summit Ridge Drive NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Brandon_ Delete TITLE Ki Chairman TITLE ☐ Addition Chance Prichard S NAME الم NAME' STREET ADDRESS Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE cretary ППЕ Change Addition NAME PSAPAblSON 2305 Roseni STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 31 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

waxature required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR