FILED 38:00 am 8

2003	FOR	PROFIT	CORPOR	ATION
UNIFO	RM B	BUSINES	S REPOR	T (UBR)
		50000	00000	

DOCUMENT # P9200008289 1. Entity Name PREMIER PAINTING INDUSTRIES, INC.					Secretary of State 01-27-2003 90372 034 ***158.75			
Principal Place of Business 1560 AVIAN WAY DELTONA FL 32725 US 2. Principal Place of Business 7/3 MAGNOLIA AVE Suite, Apt. #, etc. Mailing Address 1560 AVIAN WAY DELTONA FL 32725 US 3. Mailing Address 7/13 MAGNOLIA Suite, Apt. #, etc.			LIA AUE					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK	HERE IF MAKING	3 CHANGES	
City & Stat	e NESS, FL	City & State	S, FL	4.	FEI Number 59-315	7927		oplied For ot Applicable
Zip	Country	Zip	Country	5	Certificate of Status De	sired M	\$8.75 Add	
3444		34452	US				Fee Require	:d
	6. Name and Address of Current	Registered Agent	Name		Name and Address of		Agent	
PIZZA, MI	CHAEL	44		CHAEL				
15 6 0-AVIA	N-WAY		Street A		Box Number is Not Acce FOOLIA	AVE		- <u>-</u>
DELTONA	FL 32725							
			City	INFR	NESS	FL	Zip Cod	1 ¹ 52
8. The above	named entity submits this statement f	or the purpose of changing its					<u> </u>	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signati	re required when a	reinstaling)	/- 6 DATE	-03	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department c	of State			9. Election Campa Trust Fund Cont			0 May Be d to Fees
10.	OFFICERS AND		11.	Al	DDITIONS/CHANGES T	O OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PIZZA, MICHAEL 1560 AVIAN WAY DELTONA FL 32725	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		AAGNOLIA RNESS , FL		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIZZA, BEVERLY 1560 AVIAN WAY DELTONA FL 32725	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	713 /	MAGNOLIA ZNESS, FL	AVE	Change	Addition
TITLE	DLLIONA I L 32/23	Delete	TITLE	114064	=10035 , FC	3443a	☐ Change	Addition
NAME			NAME		-			
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		Delete	TITLE				☐ Change	☐ Addition
NAME		•	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE			CITY-ST-ZIP		···	1440	Change	Addition
NAME Street Address City-St-Zip		∟i Deiete	NAME STREET ADDRESS CITY-ST-ZIP				Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
indicated of the cor	certify that the information supplied wit on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that r owered to execute this report	ny signature shall h as required by Cha	ave the same	legal effect as if made t	under oath; that I	am an officer	or director

SIGNATURE:

352-860-2700 Daytima Phone #