2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90372 034 ***158.75

DOCUMENT # P92000008289

1. Entity Name
PREMIER PAINTING INDUSTRIES, INC.

Principal Place of Business	Mailing Address
1560 AVIAN WAY DELTONA FL 32725 US	1560 AVIAN WAY DELTONA FL 32725 US

2. Principal Place of Business	3. Mailing Address
713 MAGNOLIA AVE	713 MAGNOLIA AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: INVERNESS, FL	City & State: INVERNESS, FL
Zip: 34452 Country: US	Zip: 34452 Country: US

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3157927 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PIZZA, MICHAEL 1560 AVIAN WAY DELTONA FL 32725	Name: MICHAEL PIZZA Street Address (P.O. Box Number is Not Acceptable): 713 MAGNOLIA AVE City: INVERNESS FL Zip Code: 34452

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.

SIGNATURE: [signature] 1-6-03
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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PIZZA, MICHAEL 1560 AVIAN WAY DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 713 MAGNOLIA AVE INVERNESS, FL 34452	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PIZZA, BEVERLY 1560 AVIAN WAY DELTONA FL 32725	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 713 MAGNOLIA AVE INVERNESS, FL 34452	
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CR2E034 (10/02)

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-6-03 352-860-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #