2003 FOR PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR DOCUMENT #** P92000009837 1. Entity Name 03-03-2003 90420 021 ***150.00 3 B PAINTING, INC. Principal Place of Business Mailing Address 11827 LARKSONG LOOP 11827 LARKSONG LOOP RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3153907 Not Applicable Zip Country Zip 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 WIELAND, WILLIAM E JR. (P.O. Box Number is Not Acceptable 922 GOLF ISLAND DRIVE APOLLO BEACH FL 33572 8. The above named entity subignits 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 Signature, typed or (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.08 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 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change Addition BUCK, RONALD G NAME NAME 1831 DELWEB E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUN CITY CTR FL CITY-ST-7IP TITLE **VSD** ☐ Delete TITLE ☐ Change ■ Addition NAME BROWN, DENNIS K STREET ADDRESS 1007 APOLLO BEACH BLVD. #4 STREET ADDRESS CITY-ST-ZIP APOLLO BEACH FL CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUCK, RONALD G JR NAME STREET ADDRESS 11827 LARKSONG LOOP STREET ADDRESS CITY-ST-ZIE RIVERVIEW FL 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-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP