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2002 Uniform Business Report (UBR)

changed, or on an attachment with an address, with all of

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P93000001260 DOCUMENT # 1. Entity Name 04-10-2002 90470 029 ***150.00 BMK PAINTING, INC. Principal Place of Business Mailing Address 248 MADISON DRIVE 248 MADISON DRIVE NAPLES FL 34110 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0336486 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KIRWAN, BRAIN M Street Address (P.O. Box Number is Not Acceptable) 248 MADISON DRIVE NAPLES FL City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/01) TITLE ☐ Addition TITLE Delete KIRWIN, BRIAN M NAME NAME 248 MADISON DR. STREET ADDRESS STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE KIRWIN, TERRI NAME 248 MADISON DR. STREET ADDRESS STREET ADDRESS NAPLES FL 33942 CITY-ST-ZIP-CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete 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 ☐ Change Addition □ Detete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE Change [] Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if

Kirwan