FILED

DOCUMENT # P93000021153

1. Entity Name

MARKOS PAINTING, INC.

696 106TH AVE. NAPLES FL 34108

Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

696 106TH AVE. NAPLES FL 34108-1848

Suite, Apt. #, etc.

2. Principal Place of Business 3. Mailing Address

City & State City & State

Zip Country

2272 AIRPOET RD. S.

SUITE 203 NAPLES FL 34112

(See criteria on back)

B.P. KAZITORIS & COMPANY

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

6. Name and Address of Current Registered Agent

Country

5. Certificate of Status Desired

Street Address (P.O. Box Number is Not Acceptable)

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

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12, TITLE TITLE ☐ Delete MANTADAKIS, MARKOS NAME NAME STREET ADDRESS STREET ADDRESS 696 106TH AVE. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 ☐ Delete TITLE ΝΔΜΕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OTTY - ST - ZiP === Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OF