2002 UNIFORM BUSINESS REPORT (UBR)

Mar 25, 2002 8:00 am & Secretary of State DOCUMENT # P93000043384 1. Entity Name 03-25-2002 90148 026 ***150.00 THOMAS AND AHL PAINTING AND DESIGN INC. Principal Place of Business Mailing Address 1210 HOMEWOOD BLVD 1210 HOMEWOOD BLVD C-104 C-104 DELRAY BEACH FL 33445 **DELRAY BEACH FL 33445** 2. Principal Place of Business 1273 SW 27th Avenue 3. Mailing Address 1273 SW 27th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Deerfield Beach, FL 4. FEI Number Applied For 65-0420343 Deerfield Beach, FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired .33442. Broward 33442 Broward 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AHL, JEFFREY D Street Address (P.O. Box Number is Not Acceptable) 1273 SW 27th Avenue 1210 HOMEWOOD BLVD **DELRAY BEACH FL 33445** ^{City} Deerfield Beach Zip Code 2 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 3-11-02 title if applicable (NOTE: Registered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TSDP TITI F ☐ Addition ☐ Delete TITLE v Change AHL, JEFFREY D NAME NAME STREET ADDRESS 1210 HOMEWOOD BLVD STREET ADDRESS 1273 SW 27th Avenue CITY-ST-ZIE **DELRAY BEACH FL 33445** CITY-ST-ZIP 33442 Deerfield Beach, FL 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP 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

SIGNATURE:

CITY-ST-ZIP

561-276-6200 Daytime Phone #

FILED

CR2E034 (9/01)