2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91005 007 ***150.00

DOCUMENT # P94000045870

1. Entity Name SPRAY n Shine INC.

Principal Place of Business	Mailing Address
8233 Lake Crowell CiR ORlando, FL. 32836	

55359K

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8233 Lake Crowell CiR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORlando, FL	City & State
Zip: 32836 Country: USA	Zip Country

4. FEI Number: 59-3252266 ☐ 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
GLORIA G. BLAIS 8233 Lake CROWELL CiR ORLando, FL 32836	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT GLORIA G. BLAIS 8233 Lake CROWELL CiR ORLando, FLORIDA 32836	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Jacques Blais 764 Cricklewood Terr Heathrow, FL 32746	☑ Delete	Vice President Rece C. Porter 8233 Lake CROWELL CiR ORLando, FL 32836	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Jacques Blais 764 Cricklewood Terr Heathrow, FL 32746	☑ Delete	Secretary Rece. C. Porter 8233 Lake CROWELL CiR ORLando, FL 32836	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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.

SIGNATURE: Gloria Blais 4-25-2001 407-903-1514
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #