

P94000057505

FF & SBM, INC.  
P.O. BOX 489  
MIMS, FL. 32754

City/State/Zip

Phone #

000006926730--0

-08/07/02--01015--004

\*\*\*\*\*35.00 \*\*\*\*\*35.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
02 AUG -7 PM 1:02  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- ☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☒ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
the undersigned corporation organized under the laws of the State of Florida  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : Florida Filter And Spray Booth Maintenance, Inc.

2. The mailing address of the corporation : P.O. Box 489, Mims, Florida 32754

3. Date of incorporation/qualification: 7/27/94 Document number: P94000057508

4. The name and address of the current registered agent and office:

Deanna K. Nelson

1111 E. Landstreet Road

Orlando, Florida 32824

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

James W. Weaver

1111 E. Landstreet Road

Orlando, Florida 32824

The street address of its registered office and the street address of the business office of its registered  
agent, as changed, will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board.

James W. Weaver  
(Signature of an officer, chairman or vice chairman of the board)

7/31/2002

(Date)

James W. Weaver, President

(Printed or typed name and title)

*Having been named as registered agent and to accept service of process for the above stated  
corporation, I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent.*

James W. Weaver  
(Signature of Registered Agent)

7/31/2002

(Date)

If signing on behalf of an entity:

James W. Weaver

(Typed or Printed Name)

Registered Agent

(Capacity)

**\*\*\* FILING FEE: \$35.00 \*\*\***

FILED  
02 AUG -7 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA