2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000071376** CORNELLS BOULEVARD PAINTS, INC. Principal Place of Business Mailing Address "" BLANDING BLVD. 769 BLANDING BLVD. SUITE 5 5 = PARK FL 32065 ORANGE PARK FL 32065-8700 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

FILED Feb 08, 2000 8:00 am Secretary of State

02-08-2000 90152 004 ***150.00

B0009097 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 59-3266172 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6: Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORNELL, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1649 RIVER BREEZE DRIVE **ORANGE PARK FL 32073** Zip Code City 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, 2000 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change **VPT** ☐ Delete TITLE CORNELL John M.
1649 RIVER BREEZE DRIVE

ORANGE PARK Florida 32073 NAME CALDER, JOHN B STREET ADDRESS 769 BLANDING BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32065 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition Defete TITLE NAME 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-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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.