2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE

Mar 11, 2002 8:00 am § Secretary of State P95000028465 DOCUMENT # 1. Entity Name 03-11-2002 90030 044 ***150.00 AHI PAINTING, INC. Mailing Address Principal Place of Business P.O. BOX 151623 6110 N GLEN AVENUE TAMPA FL 33684 TAMPA FL 33614 3. Mailing Address 2. Principal Place of Business 3505 BocA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3299883 ADEIRA Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jabriella GABRIELLA E SVOBODA Street Address (P.O. Box Number is Not Acceptable) 6110 N GLEN AVE **TAMPA FL 33614** 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 DATE (NOTE: Registered Agent signature required when reinstating) ped or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. Addition Change TITLE TITLE ☐ Delete NAME SVOBODA, ZDENEK A NAME 6110 N GLEN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33614** CITY-ST-ZIP Addition TITLE Change ☐ Delete TITLE NAME GABRIELLA SVOBODA NAME STREET ADDRESS 6110 N GLEN AVENUE STATEET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL - [√Change ☐ Addition VPF0 Delete TITLE VPFO ---TITLE ROMAN MERCADO, JIMMY NAME DILCHACEK NAME STREET ADDRESS 5-117TH AVE #7 STREET ADDRESS 11725 N 17TH STREET #A105 CITY-ST-7IE 337 *0*6 CITY-ST-ZIP **TAMPA FL 33612** TREARURE Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F 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 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

FILED