2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am DOCUMENT # P95000029255 Secretary of State 1. Entity Name ALWAYS PAINTING OF TAMPA BAY, INC. 05-04-2001 90063 047 ***150.00 Mailing Address Principal Place of Business P.O. BOX 4111 1409 MOHR LAKE DRIVE BRANDON FL 33511 BRANDON FL 33509 041003 3. Mailing Address 2. Principal Place of Business Dovewood ct 28040 28040 Dovewood DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number 59-3310762 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -Name and Address of Current Registered Agent NORRIS. NORRIS, ALAN Street Address (P.O. Box Number is Not Acceptable) 1409 MOHR LAKE DRIVE **BRANDON FL 33511** 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE PD TITLE NAME NORRIS, ALAN NAME STREET ADDRESS 5804 HALF MOON LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ~ ~ E Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE Delete TITLE NAME IAME STREET ADDRESS REET ADDRESS CITY-ST-ZIP '-ST-ZIP hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information noticated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN 5. NORRIS 3-24-01 941-248-380 4