## FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # **P95000096752** NATHAN AYERS PAINTING & WALLCOVERING, INC. 04-30-2001 90013 041 \*\*\*158.75 Mailing Address Principal Place of Business 1858 NW 54TH AVE 1858 NW 54TH AVE MARGATE FL 33063 MARGATE FL 33063 646453 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0633425 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AYERS, NATHAN Street Address (P.O. Box Number is Not Acceptable) 1858 NW 54TH AVE MARGATE FL 33063 Zip Code FL 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 D TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME AYERS, NATHAN NAME STREET ADDRESS STREET ADDRESS 1858 NW 54TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 TITLE Change ■ Addition No Longer t with company NAMÉ MITCHELL, LAWRENCE STREET ADDRESS STREET ADDRESS 1858 NW 54TH AVE CITY-ST-7IP CITY-ST-ZIP MARGATE FL 33063 TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition

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 people 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 empower

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFI