FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 14, 2001 8:00 am Secretary of State DOCUMENT # P9700006957 MAJESTIC PAINTING, INC. 05-14-2001 90207 031 ***150.00 Principal Place of Business Mailing Address 4061 ROYAL PALM BEACH BLVD. 4061 ROYAL PALM BEACH BLVD. ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 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 65-0723138 Not Applicable Zip Country 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 Name GEORGE, JOHN P Street Address (P.O. Box Number is Not Acceptable) 4061 ROYAL PALM BEACH BLVD. **ROYAL PALM BEACH FL 33411** City Zip Code 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. Efection 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME JOHN GEORGE NAME STREET ADDRESS STREET ADDRESS 4061 ROYAL PALM BCH BLVD CITY-ST-ZIF CITY-ST-ZIP ROYAL PALM BCH FL 33411 ☐ Change TITLE Delete TITLE BRIAN HERNE 4061 Royal Palm Bob. Block. Royal Palm Bch, F/. 3341/ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE JOQ COURCE Change 4061 Royal Palm Beach, Fl. 33411 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE AMIC Demian 161 Royal Palm Ben. Blod. 104al Palm Brack, Fl. 33 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my eignature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with the indicated on this report or supplemental report is to of the corporation or the receiver changed, or on an attachment wit

other like empowered.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: