2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 797000056714 FII ED AMERICAN EXTERIOR CLEANING CORP. AM 9:49 OT MAY 21 Principal Place of Business SECRETARY OF STATE 331 RUE DE LAFITE P.O. BOX 3768 TAI (ALMESSE, FL 3031) TAILAUNGESSER FE 32312 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEWIS B. WILSON, IT Street Address (P.O. Box Number is Not Acceptable) 3317 RUE DE LAFIHE TAUA . FZ 32812 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. 3317 PUE DE CALIHE Addition TITLE ☐ Delete Change NAME TAUA, EL 32712 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP KATHY WILSON . ☐ Addition ☐ Change VA ☐ Delete 3317 Rue DE LAfite 本本本 600004429716---: -06/19/01--01061--001 STREET ADDRESS STREET ADDRESS TANA, E 32312 CITY-ST-ZIP CITY-ST-ZIP *****150.00 *****150.00 Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-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

- LEWIS BLEILSW, IT

5/31/a 850-385-8653

changed, or on an attachment with an address, with all other like empowered

5/21/01

QUE DO DOT RECEIVE OUR CORP. FEES STATEMENT.
Come The TO PAY ON PHIS DATE.

LEW WILSON

FRESIDENT

AMERICAN Extence

CLEANING CROA.

59-34550&3