FILED

2002 Uniform Business Report (UBR)

Apr 08, 2002 8:00 am Secretary of State DOCUMENT # P97000089843 1. Entity Name BOARDMAN'S, INC. 04-08-2002 90071 004 ***150.00 Principal Place of Business Mailing Address 7346 W COMMERICAL BLVD 7346 W COMMERCIAL BLVD LAUDERHILL FL 33319 LAUDERHILL FL 33319 2. Principal Place of Business 3. Mailing Address 7470 W. COMMERCIAL BLVD 7470 W. COMMERCIAL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0798427 Not Applicable Country Zip \$8.75 Additional -5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 7345 W COMMERICAL BLVD LAUDERHILL FL 33319 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 (9/01) TITLE Change ☐ Addition TITLE ☐ Delete NAME ANDERSON, MICHAEL O NAME 7470 W. COMMERCIAL BLVD STREET ADDRESS 7346 W COMMERICAL BLVD STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33319 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME ANDERSON, DEBORAH B 7470 W. COMMERCIAL BLVD STREET ADDRESS STREET ADDRESS 7346 W COMMERICAL BLVD CITY-ST-ZIP CITY-ST-ZIP LAUDERHILL FL 33319 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 changed, or on an attachment with an address, with all other like empowered.

MECTOR PAINTERS NA 3-28-02