2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700098143 1. Entity Name JMC PAINTING & WATERPROOFING, INC.				Feb 14, 2002 8:00 am Secretary of State 02-14-2002 90104 037 ***150.00		
Principal Place of Business 4630 GULFSTREAM DRIVE SUITE #6 NAPLES FL 34112 US		Mailing Address 4630 GULFSTREAM DRU NAPLES FL 34112 US	IVE			
2. Principal Place of Business 3. Mai		3. Mailing Address]		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State		50 0450550		
Zip	Country	Zip	Country	5. Certificate of Status Desired S8.75 Ade Fee Require		
	6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New Registered Agent		
CIPOLLA, JOHN M 4630 GULFSTREAM DRIVE #6 NAPLES FL 34112			Street Addr	Street Address (P.O. Box Number is Not Acceptable)		
MAPLES	C 34112		City	FL Zip Cod	e	
8. The above named entity summits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature typed or printed rating of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) PLE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State						
11.	OFFICERS AN	ID DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIPOLLA, JOHN M 4630 GULFSTREAM DRIVE NAPLES FL 34112	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition 50 HC 50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE ANAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 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 any address, with all other like empowered.

SIGNATURE:

| Signature |