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2001 UNIFORM BUSINESS REPORT (UBR)

STREET ADDRESS

SIGNATURE:

FILED Sep 13, 2001 8:00 am Secretary of State DOCUMENT # P98000009704 PAINTER'S PRIDE, INC. OF FLORIDA 09-13-2001 90013 046 ***150.00 Principal Place of Business Mailing Address 1720-1772 AVENIDA DEL SOL 1720-1772 AVENIDA DEL SOL BOCA RATON FL 33432 **BOCA RATON FL 33432** 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 65-0810462 Applied For 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 SHRIBERG, KENNETH D Street Address (P.O. Box Number is Not Acceptable) 1720 AVENIDA DEL SOL **BOCA RATON FL 33432** 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. (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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TITI F KILLAM, HORACE G III NAME NAME 861 WAVERLY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FRAMINGHAM MA 01702 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition SHRIBERG, KENNETH D NAME NAME 1720 AVENIDA DEL SOL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY_ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

STREET ADDRESS CITY-ST-7IP

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.

NG OFFICER OR DIRECTOR

Doe# 7980 0000 9704

RIDE \$ 8001885 Fax# 1720-1722 Avenida Del Sol (561) 393-3950

Office # (561) 470-9443

Boca Raton, FL 33432

September 10, 2001

Division Of Corporations Uniform Business Report P.O. Box 1500 Tallahassee, FL 32302-1500

To whom it may concern:

Please accept this \$150.00 payment for our 2001 Uniform Business Report. Our accounting Department inadvertently sent the original report to our accountant in Massachusetts instead of payables. Therefore we were unaware of the payment to be made until we received the second notice of \$550.00 fee. We have since received the original report back from our accountant and we wish to submit it with the original fee.

We wish to thank you in advance for your acceptance in this matter and apologize for any inconvenient that may have caused.

Sincerely,

Maria Malarino Office Manager