2001	UNIFORM BUS	BR)	FILI	E <b>D</b>						
DOCUMENT # P98000026046  1. Entity Name NATIONAL PAINTING SYSTEMS USA INC.					Apr 13, 2001 08:00 AM Secretary of State					
Principal Place		Mailing Address								
ST. PETERSBU 33704	RG FL	601 CLEARWATER 33764	FL							
2. Principal P	ace of Business	3. Mailing Address 19321-C US HWY 19						•		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State st. petersburg fl		City & State CLEARWATER FL		I .	. FEI Number 59-3504312			plied For	Ì	
Zip 33704	Country	Zip 33764	Country		. Certificate of Status Desire		3.75 Add		1	
33704	6. Name and Address of Current			7	. Name and Address of Nev	Fe	e Require	<u> </u>	┨	
GAWRON	MARY		Name			3		· ·	1	
19321 C US HIGHWAY 19 N SUITE 601			Stree	Street Address (P.O. Box Number is Not Acceptable)						
CLEARWAT 33764	TER US	TL .							]	
33704			City			FL	Zip Code	9		
8. The above	named entity submits this statement fo	or the purpose of changing its re	egistered office	or registered a	agent, or both, in the State of	Florida.				
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	nature required whe	n reinstating)	- 04/13/2	001	<u></u>		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)    See Check Payable   Check Paya			1 Fee will be	\$550.00	10. Election Campaign Trust Fund Contribu			0 May Be to Fees	-	
11.	OFFICERS AND	DIRECTORS	12.		ADDITIONS/CHANGES TO C	OFFICERS AND DI	RECTORS	S IN 11	┥	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CZERSKI ANDREW 1139 25TH AVE N ST PETERSBURG	☐ Delete  FL 33704	TITLE NAME STREET ADDRES CITY-ST-ZIP	P CZERSKI SS 1350 26TI ST PETE	H AVE N		Change	☐ Addition	034 (11/00)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Dalete ¸	TITLE NAME STREET ADDRES CITY-ST-ZIP	es			] Change	Addition	CR2E0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			Change	☐ Addition	The state of the s	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	s			Change	Addition		
of the corp changed,	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emptor on an attachment with an address.	strue and accurate and that my	/ eimaatiira enal	il hava tha com	ie legal effect as if made und orida Statutes; and that my n	arabibiticati am	aa afficar	ar director		
SIGNAT		RINTED NAME OF SIGNING OFFICER OF	R DIRECTOR		P 04/13/2001  Date	Davtır	ne Phone #			

Date

Daytime Phone #