VA.D. PAINTING AND MAINTENANCE, INC. Principal Place of Business SIG & PAIR RD HCI	UN	003 FOR PROF			FILED Apr 07, 2003 8:00 a Secretary of State 04-07-2003 90216 043 ***150.00	am	
			CE, INC.			-	
2: Mattery Productors S. Mattery Productors Suite. Apt. # ctc Suite. Apt. # ctc Suite. Apt. # ctc City & State City & State City & State Zip Country Suite. Apt. # ctc S. Centificate of Status Desited Fee Address of Currey Zip Country Zip Country Zip Country Zip Country S. Centificate of Status Desited Fee Address of Currey Replanded Brance PTTER, CARL S Name and Address of Currey TAMARAC FL 33319 Street Address (PO. Box Number is Not Acceptable) City FL TAMARAC FL 5 Street Address (PO. Box Number is Not Acceptable) TAMARAC FL 5 Street Address (PO. Box Number is Not Acceptable) City FL Zip Codo E: The above named entry summits in statement for the purpose of changing its registered agent, or both, in the State of Rick and the registered agent. Street Address (PO. Box Number is Not Acceptable) After May 1, 2003 Fee will be SF00.00 Mater May 1, 2003 Fee will be SF00.00 Mater Mate	510 S PARK RD 510 S PARK RD #1021 #1021		510 S PARK RD #1021				
City & State Cay & State Cay & State 4. FEI humber 65 0835604 Applied For Zip Country Zip Country S. Certificate of Status Desired Fee Humber Set 75 Additional FITER, CARL S S. Name and Address of Current Registered Agent Name Name Name and Address of Current Registered Agent Name PITER, CARL S Address of Current Registered Agent Name Name State Address of Current Registered Agent Name PITER, CARL S TAMARCE L 33319 Direct Address (PO. Box Number Is Not Acceptable) State Address (PO. Box Number Is Not Acceptable) State Address (PO. Box Number Is Not Acceptable) SiGNATURE State of Figure Address of registered Agent. OVY FL Zip Code SiGNATURE State of Figure Address of registered Agent. OVY FL Zip Code After May 1, 2003 Fee will be State addres at the Address of Agent agents addres at address To ofFICERS AND DIRECTORS 11. Address To OFFICERS AND DIRECTORS 11. Address To OFFICERS AND DIRECTORS IN 11 TH2 OFFICERS AND DIRECTORS 11. Address To OFFICERS AND DIRECTORS IN 11 Date Address OFFICERS AND DIRECTORS IN 11 TH2 OFFICERS AND DIRECTORS 11.	2. Principal Place of Business 3. Mailing Ad		3. Mailing Address				
Zip Country Zip Country S. Certificate of Status Deared S8.75 Additional real Required 2 in Country S. Certificate of Status Deared S8.75 Additional real Required Intel Applicable Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITER, CARL S 7447 NORTH WEST 57 STREET Name Name TAMARAC FL 3319 City FL Zip Code 6: The above name of endy submits this statement for the purpose of changing its registered agent, me objacing of registered agent. Offer Registered Agent The State of Florida. I am familiar with and accept me objacing of registered agent. SIGNATURE Buset Address (Pock Payle) to Effect S 150.00 After May 1,2003 Fee Multi bit State MOTE Registered Agent agent of the purpose of changing its registered agent, or body in the State of Florida. I am familiar with and accept me objacing of registered agent. Offer Registered Agent agent of the purpose of changing its registered agent, or body in the State of Florida Department of State Intel Registered Agent agent of the purpose of changing its registered agent, or body in the State of Florida Department of State Intel Registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of changing its registered Agent agent of the purpose of the purpose agent of the purpose	Suite, Apt. #, etc.		Suite, Apt. #, etc.				
Zip Country Zip Country 5. Centificate of Status Desired	City & State		City & State				
PITTER, CARL S Name 7447 NORTH WEST 57 STREET Street Address (P.O. Box Number is Not Acceptable) 7447 NORTH WEST 57 STREET City TAMARAC FL 33319 City 8: The above named enrist submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. Schwärt Augers of registered agent. Intel Comparison of registered agent. Schwärt Netword of prime reveal ingenerating the availant and its registered agent. Intel Comparison Financing Schwärt Netword Deriver and ingenerating the availant agenerating the availant agenerating the availant of the purpose of changing its registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligation financing Schwärt Netword Street Address from Comparison Financing Schwärt Netword Street Address 10: OFFICERS AND DIRECTORS 11: Address DPTS Detect DVSN, VINCENT, A Indetect Intel Intel Netword Intel Netword Street Address	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition	·	
PITTER, CARL S Street Address (P.O. Box Number is Not Acceptable) 7447 NORTH WEST 57 STREET TAMARAC FL 33319 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FL 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. I am familiar with, and accept the obligations of registered agent and their aspectation Inter florida. I am familiar with, and accept the obligations of registered agent and their aspectation SIGNATUREF Street Address (P.O. Box Number is Not Acceptable) Enter florida. I am familiar with, and accept the obligations of registered agent. Inter florida. I am familiar with, and accept the obligation of registered agent and their aspectation SIGNATUREF Street Address (P.O. Box Number is Not Acceptable of Prices Not Diffectores Not		6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
TAMARAC FL 33319 City FL Zip Code B: The above named entry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligative digent and the it apricative. INOTE Registered agent, or both, in the State of Florida. I am familiar with, and accept the obligative regular structure regular structu	-			·······	(P.O. Box Number is Not Acceptable)		
Outy FL CPCCUP 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 Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE Signature, how or purpose of publiced agent and the if applicable. (NOTE Registered Agent signature multiplicable. DATE FILE NOWLIP FEE IS \$159.00 After May 1, 2003 Fee will be \$550.00 Mays Check Payable to Florida Department of State 9. "Election Campacing" Final Contribution. \$5.00 Mays De Added to Fees 10.' OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Added to Fees 10.' OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition Inter Address DDKON, VINCENT A Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Inter Address Intre Address Intre Address Inter Address </td <td>TAMARAC</td> <td>FL 33319</td> <td></td> <td></td> <td></td> <td></td>	TAMARAC	FL 33319					
The obligations of registered agent. SIGNATURE Signates, hand or printed own of registered agent and the "applicable" (PATE Registered Agent signalues regulates r				City	City FL Zip Code		
After May 1, 2003 Fee will be \$550.00 S.S.OU May Be Added to Fees Make Check Payable to Florida Department of State Trust Fund Contribution Added to Fees 10 ² OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES to OFFICERS AND DIRECTORS IN 11 ITULE DPTS Delete Trust Fund Contribution Change Addition INVERTADRESS S10 S. PARK RD. 1021 Delete Trust Fund Contribution Change Addition ITULE DVKON, VINCENT, A STRET ADDRESS STRET ADDRESS Change Addition ITULE DVKON, VINCENT, A STRET ADDRESS STRET ADDRESS Change Addition ITULE Delete TTULE MAKE STRET ADDRESS Change Addition ITULE Delete TTULE NAME STRET ADDRESS Change Addition	the obligat	tions of registered agent.	and title if applicable. (NOT				
TITLE DPTS Delete TITLE Change Addition NAME STREET ADDRESS STO.S. PARK RD. 1021 STREET ADDRESS CITV-ST-2P CITV-ST-2P CITV-ST-2P CITV-ST-2P Change Addition NAME Delete TITLE NAME Change Addition STREET ADDRESS CITV-ST-2P CITV-ST-2P Change Addition NAME Delete TITLE NAME Change Addition STREET ADDRESS CITV-ST-2P CITV-ST-2P Change Addition NAME STREET ADDRESS CITV-ST-2P CITV-ST-2P Change Addition STREET ADDRESS CITV-ST-2P CITV-ST-2P <td>Afte</td> <td>r May 1, 2003 Fee will be \$550.00</td> <td></td> <td>میں و ویشینیے۔ م</td> <td></td> <td>ay Be ees</td>	Afte	r May 1, 2003 Fee will be \$550.00		میں و ویشینیے۔ م		ay Be ees	
NAME DXXON, VINCENT: A NAME STREET ADDRESS 510 S. PARK RD. 1021 STRET ADDRESS STRET ADDRESS CTV - ST - 2IP CTA - ST - 2IP CTV - ST - 2IP							
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME <tr< td=""><td>NAME STREET ADDRESS</td><td>DIXON, VINCENT A 510 S. PARK RD. 1021</td><td></td><td>NAME STREET ADDRESS</td><td></td><td>CR2E034 (10/02)</td></tr<>	NAME STREET ADDRESS	DIXON, VINCENT A 510 S. PARK RD. 1021		NAME STREET ADDRESS		CR2E034 (10/02)	
NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Delete TITLE Delete STREET ADDRESS CITY - ST - ZIP TITLE Delete TITLE STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP	NAME Street address		Delete	NAME STREET ADORESS	Change	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Delete STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE Delete TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	NAME Street address		Delete	NAME STREET ADDRESS	Change 🗌	Addition	
NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete NAME Delete NAME NAME	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS	Change	Addition	
NAME	NAME STREET ADDRESS		🗋 Delete	NAME STREET ADDRESS	Change []	Addition	
	NAME STREET ADDRESS	· · · · ·	Delete	NAME STREET ADDRESS	Change	Addition	
CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Degrime Phone #	 I hereby c indicated of the corr changed, 	URE:	wered to execute this report with all other like empowered.	r the exemption stated in Se ny signature shall have the as required by Chapter 607	Cond H- 1. 03	ation ector k 11 if	