2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042962 Apr 10, 2000 8:00 am Secretary of State **ELECTRO-STATIC PAINTING, INC.** 04-10-2000 90047 003 ***150.00 Mailing Address Principal Place of Business 12670 NEW BRITTANY BLVD. SUITE 101 13641 FERN TRAIL DRIVE FORT MYERS FL 33907-3650 NORTH FORT MYERS FL 33903 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied Far 4. FEI Number City & State City & State 65-0835579 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROYSTON, ROBERT D JR. Street Address (P.O. Box Number is Not Acceptable) 12670 NEW BRITTANY BLVD. SUITE 101 FORT MYERS FL 33907 Zip Code FL 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 (NQTE: Registered Agent signature required when reinstaling) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition DSTP ☐ Delete TITLE TITLE BOWSER, RALPH S NAME NAME STREET ADDRESS STREET ADDRESS 13641 FERN TRAIL DRIVE CITY-ST-ZIP CITY-ST-ZIP NORTH FORT MYERS FL 33903 ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change-☐ Addition Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: Ralphy Bowsen 4/1/20 99715403.

Daytime Phone