2002 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

Apr 18, 2002 8:00 am Secretary of State P98000047833 DOCUMENT # 1. Entity Name 04-18-2002 90358 011 ***150.00 PROMISE KEEPERS PAINTING, INC. THE STATE Principal Place of Business Mailing Address 39101 GRAY'S AIRPORT RD. 39101 GRAY'S AIRPORT RD. LADYLAKE FL 32159 LADYLAKE FL 32159 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3525773 Not Applicable Zip Country 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 ಕ್ಷಾ ಕ್ರಾಮಾಲ್ಯ ಅಲ್ಲಾ THORPE, CHARLES W Street Address (P.O. Box Number is Not Acceptable) 39101 GRAY'S AIRPORT RD. LADYLAKE FL 32159 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. SIGNATURE _ Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11, 12. ☐ Addition TITLE ☐ Delete TITLE THORPE, CHARLES W NAME NAME 39101 GRAY'S AIRPORT RD. STREET ADDRESS STREET ADDRESS LADYLAKE FL 32159 CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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 youstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED

Date

Daytime Phone #

CR2E034 (9/01)