FILED

2002 Uniform Business Report (UBR)

Mar 20, 2002 8:00 am P98000066222 DOCUMENT # **Secretary of State** 1. Entity Name CRESPO PAINTING, INC. 03-20-2002 90024 049 ***150.00 Principal Place of Business Mailing Address 2585 OUTRIGGER LANE 2585 OUTRIGGER LANE NAPLES FL 34104 NAPLES FL 34104 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 Applied For 59-3525840 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 Name CRESPO, ARIEL G Street Address (P.O. Box Number is Not Acceptable) 2585 OUTRIGGER LANE NAPLES FL 34104 Zip Code 8. The above names entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Crespo SIGNATUR agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VSTD TITLE ☐ Delete TITLE ☐ Addition CRESPO. ARIEL G NAME NAME 2585 OUTRIGGER LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition CRESPO, JEAN NAME NAME 2585 OUTRIGGER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Channe 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/8/02

Daytime Phone #

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