2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000085211** NORTH FLORIDA PAINT CO. OF DUVAL COUNTY 03-15-2000 90079 037 ***150.00 Mailing Address Principal Place of Business 217 SAPELO RD P.O. BOX 16228 JACKSONVILLE FL 32245 JACKSONVILLE FL 32216 60001004 2. Principal Place of Business 3. Mailing Address 5800-203 Beach Blvd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 409 Applied For City & State 4. FEI Number City & State 74-2886358 Not Applicable Jacksonville.Fl Zip Country \$8.75 Additional 32207-5180 5. Certificate of Status Desired Duval Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert S. Norman NORMAN, ROBERT S Street Address (P.O. Box Number is Not Acceptable) # 409 217 SAPELO RD JACKSONVILLE FL 32216 32287-5180 Jacksonville, 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 t and title if applicable. (NOTE Bed 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. TITLE Addition TITLE ☐ Delete NORMAN, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 217 SAPELO RD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OBELT S. NORMAN 3/9/2000

☐ Change

☐ Addition