2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Jun 01, 2001 8:00 am DOCUMENT # P98000097617 Secretary of State 06-01-2001 90004 015 ***550.00 VANGUARD VINYL COATINGS, INC. Mailing Address Principal Place of Business 1747 PENZANCE PARKWAY 1747 PENZANCE PARKWAY MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Bysiness 3. Mailing Address 2175 Kingsley DO NOT WRITE IN THIS SPACE #308 Applied For 4. FEI Number 59-3545030 Not App cable Country \$8.75 Additional 5. Certificate of Status Desired 2073 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 200 Jensen JENSEN, ROY L t Address (P.O. Box Number is Not Acceptable) 1747 PENZANCE PARKWAY MIDDLEBURG FL 32068 Zip Code **32073** 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida (NOTI Registered Agent si :nature required when reinstating) FILE NOW! ! FEE IS \$150.00 9. This corporation is ibl o satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 20 11 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payal e to Department of State (See criteri ı on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Jensen TITLE ☐ Delete TITLE jensen, roy l NAME MAM 1747 PENZANCE PARKWAY STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-S1-7IP CITY-ST-ZIP Change THILE Delete TITLE SPIEGLE, MELISSA NAME NAME 4101 SADDLEHORN TERRACE STREET ADDRESS STREET ADDRESS MIDDLEBURG FL 32068 CITY-ST-7IP CITY-ST-ZIP **X** (ddition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP 13. Thereby cartify that the information supplied with this filing does not qualify to 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 rijy 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 is required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 if indicated on this report or suppliemental report is true and accurate and that roof the corroration or the receiver or trustee empowered to execute this report changed, or on an attachment with an applicase, with all other like empowered

TYPED OR PRINTED NAME OF SIGNING OFFICER R DIRECTOR

FILED