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FILED
Jun 03, 2002 8:00 am
Secretary of State

05-14-2002 90335 030 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018174

1. Entity Name

Workman's Professional Painting, Inc.

DO NOT WRITE IN THIS SPACE

[redacted]

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2. Principal Place of Business		3. Mailing Address	
1626 Cocoa Bay Blvd.		1626 Cocoa Bay Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Cocoa, Fl. 32926		Cocoa, Fl. 32926	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3561470 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: Workman, David A.

Street Address (P.O. Box Number is Not Acceptable): 1626 Cocoa Bay Blvd.

City: Cocoa, FL Zip Code: 32926

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] DAVID A. WORKMAN PRESIDENT 4/26/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Workman, David A. 1626 Cocoa Bay Blvd.Cocoa,Fl. 32926	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DAVID A. WORKMAN PRESIDENT 4-26-02 321-639-9646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #