2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with appaddress, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P99000038936 1. Entity Name GAINES & KORNS PAINTING, INC. 04-10-2000 90056 020 ***150.00 Principal Place of Business Mailing Address 450 ELKWOOD LANE P.O. BOX 300184 FERN PARK FL 32730-0184 ORLANDO FL 32825-8158 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: GAINES, LAURETTA K Street Address (P.O. Box Number is Not Acceptable) 450 ELKWOOD LANE ORLANDO FL 32825-8158 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE GAINES, LAURETTA K NAME STREET ADDRESS **450 ELKWOOD LANE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825-8158 Change ☐ Addition ☐ Delete TITLE TITLE KORNS, SALLY A NAME NAME **450 ELKWOOD LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32825-8158 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not cualify 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

14/2001