2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000058381

1. Entity Name

SUPERIOR PAINTING PLUS, INC.

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90036 009 ***150.00

Principal Place of Business	Mailing Address
2341 NW 66TH COURT GAINESVILLE FL 32653	2341 NW 66TH COURT GAINESVILLE FL 32653-1631

658692

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number: 59-3585342 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOWRY, VICKI
2341 NW 66TH COURT
GAINESVILLE FL 32653

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City — FL — Zip Code

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 ______________________

[illegible] — DATE

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

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. [illegible] [ ] — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President [ ] Delete
NAME	Terry Wood
STREET ADDRESS	2341 NW 66th Ct.
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	V.P. [ ] Delete
NAME	Vicki Lowey
STREET ADDRESS	2341 NW 66th Court
CITY-ST-ZIP	Gainesville, FL 32653
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] Change [ ] Addition
NAME	
STREET ADDRESS	
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] ~~4/30/05~~ ~~352-373-4004~~

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

[signature] 4/24/[illegible] 352-373-4004