2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM P99000073589 DOCUMENT # 1. Entity Name **Secretary of State** G & G PAINTING, INC. Principal Place of Business Mailing Address 700 E. CUMBERLAND CT. 700 E. CUMBERLAND CT. JACKSONVILLE FL JACKSONVILLE FL32259 32259 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0945363 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIDLEY GARY GRIDLEY 3674 ELOISE STREET Street Address (P.O. Box Number is Not Acceptable) 700 EAST CUMBERLAND CT JACKSONVILLE FL32205 US City Zip Code 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. GARY G GRIDLEY II 04/28/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change GRIDLEY MAME GARY GNAME GRIDLEY GARTH 700 E. CUMBERLAND CT. STREET ADDRESS STREET ADDRESS 700 E. CUMBERLAND CT. CITY-ST-ZIP JACKSONVILLE. FL 32259 JACKSONVILLE CITY-ST-ZIP 32259 D ☐ Delete TITLE ☐ Change NAME GRIDLEY GARY $G\Pi$ NAME STREET ADDRESS 700 E. CUMBERLAND CT. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32259 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Сhапде TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: __Gary.G Gridley II 04/28/2001

Daytime Phone #

Date

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR