2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000083991** May 12, 2000 8:00 am 1. Entity Name B & M PAINTING AND DECORATING, INC. Secretary of State 05-12-2000 90049 031 ***150.00 Mailing Address Principal Place of Business 4656 N.E. 11TH AVE. 4656 N.E. 11TH AVE. FORT LAUDERDALE FL 33334-3951 FORT LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65–0950590 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SABINE, BRIAN W Street Address (P.O. Box Number is Not Acceptable) 4656 N.E. 11TH AVE. FORT LAUDERDALE FL 33334 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS 12. TITLE Ρ Addition ☐ Delete TITLE Brian W Sabine NAME NAME STREET ADDRESS STREET ADDRESS 4656 NE 11th Avenue CITY-ST-ZIP CITY-ST-ZIP Fort Lauderdale, Florida 33334 ☐ Change **Addition** ☐ Delete 3 (7) NAME Michelle L. Sabine STREET ADDRESS STREET ADDRESS 4656 NE 11th Avenue CITY - ST - 7(P CITY-ST-ZIP Fort Lauderdale, Florida 33334 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition 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 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 the rife empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian W. Sabine 4-27-00 (954) 629-9864

Daytime Phone #

CR2E034 (9)