2001 UNIFORM BUSINESS REPORT (UBR)

Apr 28, 2001 8:00 am Secretary of State **DOCUMENT # \$24989** POTTER & SONS CUSTOM PAINTING & DECORATING, INC. 04-28-2001 90076 017 ***150.00 Principal Place of Business Mailing Address 1252 LAKESHORE DRIVE 1252 LAKESHORE DRIVE NAPLES FL 34103 NAPLES FL 34103 US HS 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 65-0237020 Not Applicable Zip Country Zip 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 POTTER, DOUGLAS S. JR. Street Address (P.O. Box Number is Not Acceptable) 5060 3 AVE NW NAPLES FL 33999 City 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 Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 TITLE Change ☐ Addition TITLE ☐ Delete POTTER, DOUGLAS S., JR. NAME NAME 5060 3 AVE NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL ☐ Delete TITLE Change ☐ Addition TITLE POTTER, DOUGLAS S., SR. NAME NAME 1252 LAKESHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP NAPLES FL S Delete TITLE Change Addition TITLE POTTER, MICHAEL NAME NAME STREET ADDRESS STREET ADDRESS 1316 DERBYSHIRE CT, B202 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Change Addition TITLE ☐ Delete NAME NAME

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 Douglas Potter

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNATURE OF TY TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR