FILED Jan 30, 2003 8:00 am

UNIFORM BUSINESS REPORT (UBR Secretary of State S30293 ⁻ **DOCUMENT #** 01-30-2003 90147 024 ***150.00 1. Entity Name THE PAINT COMPANY, INC. Principal Place of Business Mailing Address 5661 GREY FOX RUN 5861 GREY FOX RUN FT. MYERS FL 33912 FT. MYERS FL 33912 US HS 3. Mailing Address 2. Principal Place of Business 383 Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State SANI Be City & State 4. FEI Number Applied For 65-0241341 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent leo~ARd $,\omega_{o},\omega_{A}$ WOJNAR, LEONARD M. Street Address (P.O. Box Number is Not Acceptable) 9825 OWL CLOVER STREET FORT MYERS FL 33907 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE TITLE ☐ Addition WOJNAR, LEONARD M. NAME NAME 9825 OWL CLOVER ST. STREET ADDRESS STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete TITLE TITLE ☐ Addition WOJNAR, KAREN L. NAME NAME STREET ADDRESS 9825 OWL CLOVER ST. STREET ADDRESS FORT MYERS FL CITY-ST-ZIP CITY-ST-7IP R-AYMOND - De-Stoppelaine - Change - MAddition Delete TILE -D TITLE NAME NAME Fox Glove Circle STREET ADDRESS THA FOXOLOUS STREET ADDRESS 339/9 CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE TITLE ☐ Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

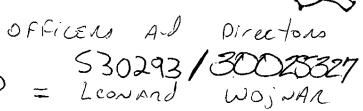
CITY-ST-ZIP

2003 FOR PROFIT CORPORATION

ATTACHMENT

THE PAINT COMPANY, INC. \(^{\sqrt{N}}\)

472-8844



= KAREN WOJNAR = Raymond . De Stoppe/Aine