2000 UNIFORM BUSINESS REPORT (UBR)

Feb 26, 2000 8:00 am **DOCUMENT # S44972** 1. Entity Name **Secretary of State** TRIO PAINTING, INC. 02-26-2000 90032 016 ***150.00 Mailing Address Principal Place of Business 1692 SMITH LANE 1692 SMITH LANE PALM HARBOR FL 34683-7204 PALM HARBOR FL 34683 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3062656 Not Applicable Country Zip Country Zip \$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 PANAGOS, SPIROS Street Address (P.O. Box Number is Not Acceptable) 1692 SMITH LANE PALM HARBOR FL 34683 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 (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 After MAY 1, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition TITLE Delete TITLE PANAGOS, SPIROS NAME NAME 1692 SMITH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Delete TITLE Change Addition TITLE NAME PANAGOS, DESPINA NAME STREET ADDRESS STREET ADDRESS 1692 SMITH LANE PALM HARBOR, FL CITY-ST-ZIP CITY-ST-7IP TITLE Change X Addition ☐ Defete TITLE PANAGOS, PETER NAME NAME STREET ADDRESS 1692 SMITH LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR, FL 34683 TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ 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 sting 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

PRESIDENT

Daytime Phone #