2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # \$45446** ACTION PAINTING, INC. 01-29-2001 90082 011 ***150.00 Principal Place of Business Mailing Address 1160 EAST LASALLE STREET 1160 EAST LASALLE STREET HERNANDO FL 32642-9653 HERNANDO FL 32642-9653 UUU11240 3. Mailing Address Principal Place of Business 2995 E Crown Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3060449 +NVLLULSS Not Applicable Country Citrus \$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 ermann HERMANN, BRUCE O. Box Number i 1180 E LASALLE ST HERNANDO FL 32642 nverness 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. 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, 2001 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 TITLE ☐ Delete TITLE ☐ Addition Change Hermann, Bruce 2995 & Crown Drive NAME HERMANN, BRUCE NAME STREET ADDRESS STREET ADDRESS 1180 E LASALLE ST CITY-ST-ZIP CITY-ST-ZIP HERNANDO FL Inverness, 71 TITLE 🔽 Delete TITLE Change ☐ Addition NAME HERMANN, TERESA NAME STREET ADDRESS 1160 EAST LASALLE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HERNADO FL TITLES ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chanoe ☐ Addition 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