2002 UNIFORM BUSINESS REPORT (UBR)

2002 UNIFORM BUSINESS REPORT (UBR)						FILED Mar 25, 2002 8:00 am			
DOCUMENT # H44594						Secretary of State			
1. Entity Nam	E PAINT AND BODY, INC.					03-25-2002 901	•		A۷
Principal Place of Business 805 S. "G" STREET LAKE WORTH FL 33460		Mailing Address 805 S. "G" STREET LAKE WORTH FL 33460				I SARIEH ANN ANAN ANAN ANNA SHIE ESIY A	11 114 H 114 H 114 H 114 H 114 H	1/2 // 2/2 // /22 /	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State			4.	4. FEI Number Applied For Not Applied For Not Applied For			
Zip Country		Zip	Zip Coun		5.0		\$8.75 Ad		
6. Name and Address of Current Registered Agent						Name and Address of New Regis	Fee Require	d	}
				Name					
TOM PASANEN				Street Ad	dress (P.O. E	Box Number is Not Acceptable)			
805 SOUTH "G" ST LAKE WORTH FL 33460						<u>, "</u>			
<u>_</u>				City			FL Zip Cod	e	
8. The above	named entity submits this statement	for the purpose of changing it	s registere	ed office or r	registered ag	ent, or both, in the State of Florida		· <u>-</u>	1
	Signature, typed or printed name of registered agei oration is eligible to satisfy its Intangib requirement and elects to do so.		!!! FEE	IS \$150.00		10. Election Campaign Finance		May Be	
(See crite	ria on back)	Make Check Paya	ble to De		of State	Trust Fund Contribution.		to Fees	}
TITLE	OFFICERS AN	D DIRECTORS Delete	12.	—-Т	AD	DITIONS/CHANGES TO OFFICE	RS AND DIRECTOR Change	S IN 11	Ē
NAME STREET ADDRESS CITY-ST-ZIP	PASANEN, TOM 4303 WILKINSON DR. LK. WORTH FL	<u> </u>	NAMI STRE				onengo		CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WOOD, JAMES 115 LAUERL WAY ROYAL PALM BEACH FL	☐ Delete		- 1			☐ Change	☐ Addition	5
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete			,-		☐ Change	Addition	-
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAMI STREI	ET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE		Delete	TITLE	ST-ZIP	_ _		Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP	. 5	Hittis "	NAME STREE	J	4				
TITLE NAME STREET ADDRESS		☐ Delete `.		T ADDRESS			☐ Change	Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied wi con this report or supplemental report poration or the receiver or trustee em , or on an attachment with an address	th this filing does not qualify for is true and accurate and that powered to execute this repor with all other like empowered	or the exer my signat t as requir	ST-ZIP nption state ure shall har ed by Chap	d in Section ve the same oter 607, Flori	119.07(3)(i), Florida Statutes. I fun legal effect as if made under oath da Statutes; and that my name ap	her certify that the in that I am an officer pears in Block 11 o	nformation or director r Block 12 if	