## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2002 8:00 am Secretary of State P00000046855 DOCUMENT # 1. Entity Name 04-17-2002 90006 015 \*\*\*158.75 COLOR MY HEART, INC. Principal Place of Business Mailing Address 3653 PARK POINTE DR 134 OCEAN WLAK DR S. ATLANTIC BEACH FL 32233 **LEXINGTON KY 40509** 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 59-3647825 Not Applicable Zip 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 MACKOUL, RICK CPA Street Address (P.O. Box Number is Not Acceptable) 134 OCEAN WALK DR SOUTH ATLANTIC BEACH FL 32233 Zip Code City FL 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, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П 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 12. 11. Addition TITLE Change TITLE Delete NAME NAME HOSEUS, MICHAEL S STREET ADDRESS STREET ADDRESS 3633 PARK POINTE DR CITY-ST-ZIP CITY-ST-ZIP LEXINGTON KY 40509 ☐ Delete Change Addition TITLE NAME NAME HOSEUS, L. SUZANNE STREET ADDRESS STREET ADDRESS 3633 PARK POINTE DR CITY-ST-ZIP CITY-ST-ZIP **LEXINGTON KY 40509** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME --MACKOUL, RICK STREET ADDRESS STREET ADDRESS 134 OCEAN WLAK DR S. CITY-ST-ZIP CITY-ST-7IP ATLANTIC BEACH FL 32233 TITLE ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

MEGUIRED NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

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