

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90215 046 ***150.00

UNIFORM BUSINESS REPORT

DOCUMENT # **P02000024846**

1. Entity Name
SPECIALTY PAINTING, INC.



Principal Place of Business
**1302 LACONIA STREET
SEBASTIAN FL 32958**

Mailing Address
**1302 LACONIA STREET
SEBASTIAN FL 32958**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

1302 LACONIA ST.

1302 LACONIA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SEBASTIAN, FL.

SEBASTIAN, FL.

City & State

City & State

4. FEI Number

02-0558808

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

32958

Country

Indian River

Zip

32958

Country

Indian River

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAHUNIK, EDWARD C
1302 LACONIA STREET
SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Edward C. Mahunik

Feb. 17, 2003

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** Delete
NAME **MAHUNIK, EDWARD**
STREET ADDRESS **1302 LACONIA STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **BRAZILL-MAHUNIK, BARBARA J**
STREET ADDRESS **1302 LACONIA STREET**
CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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STREET ADDRESS
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TITLE Change Addition
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TITLE Delete
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TITLE Change Addition
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TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: *Edward C. Mahunik*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 17, 2003 (772) 589-2857
Date Daytime Phone #

CR2E034 (10/02)