

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-21-2003 90504 037 ***150.00

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DOCUMENT # P93000037943

1. Entity Name
AMERICAN SPRAY TEXTURE, INC.



Principal Place of Business
707 SYBILWOOD CIR.
WINTER SPRINGS FL 32708
US

Mailing Address
707 SYBILWOOD CIR.
WINTER SPRINGS FL 32708
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3187391**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUTZKE, GREGORY A
707 SYBILWOOD CIRCLE
WINTER SPRINGS FL 32708

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 _____ DATE _____
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
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

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TITLE	NAME STREET ADDRESS CITY-ST-ZIP	TITLE	NAME STREET ADDRESS CITY-ST-ZIP
P <input type="checkbox"/> Delete	PUTZKE, GREG 707 SYBILWOOD CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T <input type="checkbox"/> Delete	PUTZKE, JAIMI M. 707 SYBILWOOD CIRCLE WINTER SPRINGS FL 32708	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VP <input type="checkbox"/> Delete	VAIARELLA, ANTHONY 768 MINERVA LANE LAKE MARY FL 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
S <input type="checkbox"/> Delete	DRAWDY, DAMIAN 1567 SUGARWOOD CIRCLE WINTER PARK FL 32792	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 **X** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/15/03
Date

Daytime Phone #

CR2E034 (10/02)