2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000050026 **DOCUMENT #**

1. Entity Name

TROPICAL PAINTING OF LEE COUNTY, INC.



FILED Jan 17, 2003 8:00 am Secretary of State 01-17-2003 90077 043 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired	•		11 1, IIIO.		/			
Suite, Apt. #, etc. City & State Country Zip Country S. Certificate of Status Desired S8.75 Addition Fee Required S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER CHARTERED Street Address (?C. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Fiorida. I am familiar with, and the obligations of registered agent. Signature hyper or pretent name of registered agent MOTE. Registered Agent signature required when sineasing) DATE 5 FL	4693 ORANGE GROVE BLVD		POST OFFICE BOX 151836					
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6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 City City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and statement for purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and address of New Registered Agent spreaders (P.O. Box Number is Not Acceptable) 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and state of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and state of Florida Delete or registered agent, or both, in the State of Florida. I am familiar with, and state of	Zip	Country	Zip	Country		\$8.75 Addition	pplicable nal	
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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:

SIGNATURE AND TYPED OR PRINTED NAMEA

GNING OFFICER OR DIRECTOR