

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

DOCUMENT # P990000018127

1. Entity Name
A-1 Painting Inc.

FILED

03 OCT 27 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business <i>701 E. College Ave.</i>	3. Mailing Address <i>701 E. College Ave.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Tallahassee FL</i>	City & State <i>Tallahassee FL</i>	4. FEI Number <i>59-3717504</i>	Applied For <input type="checkbox"/>
Not Applicable			
Zip <i>32301</i>	Country <i>Lean</i>	Zip <i>32301</i>	Country <i>Lean</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent

Name *John Griffin*
Street Address (P.O. Box Number is Not Acceptable)
701 E. College Ave.
City *Tallahassee* FL Zip Code *32301*

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 *John Griffin* *CEO/Pres.* DATE *Oct 28 03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS			
TITLE <i>CEO</i>	NAME <i>Tommy Byford</i>	TITLE	NAME
STREET ADDRESS <i>701 E. College Ave.</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Tallahassee FL 32301</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <i>CEO</i>	NAME <i>John Griffin</i>	TITLE	NAME
STREET ADDRESS <i>701 E. College Ave.</i>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <i>Tallahassee FL 32301</i>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE *Oct. 27 03* 980-0103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)