2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 382327 1. Entity Name DANIEL PAINTING. INC. Principal Place of Business 1621 N MAYFAIR ROAD FT MYERS FLA 33919 US

FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 91044 011 ***150.00

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Principal Place of Business 1621 N MAYFAIR ROAD FT MYERS FLA 33919		1621	Mailing Address 1621 N. MAYFAIR ROAD FT MYERS FL 33919 US							
2. Principal Place of Business		3. Ma	3. Mailing Address				4 CEOLOB 11204 IDINO 11000 11410 IIUNI 1961	OTBIT BIBIT BIBI	I BIAII AI	#11 #XB11 \6#1
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. F	FEI Number 59-1346331		 	plied For t Applicable
Zip	Country	Zip	Zip Cour			5. Certificate of Status Desired				
	6. Name and Address	of Current Register	ed Agent			7. N	lame and Address of New Regist	tered Agent		
DANCE DOVE					Name					
Daniel,roy e 1621 n mayfair RD			Street Addres			(P.O. Box Number is Not Acceptable)				
FT MYERS	FL 33901									
	4			C	City			FL Z	p 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 .	Signature, typed or printed name of r	egistered agent and title if ap	plicable. (NOTE	: Registered Age	ent signature required	l when rei	instating)	DATE		
·E	I E NOWID EEE IS S	50.00								
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financir Trust Fund Contribution.	ng 🗆		May Be to Fees
10.	OFF	CERS AND DIRECTO	IL DRS	11.		AD	DITIONS/CHANGES TO OFFICER	S AND DIRE	CTORS	IN 11
TITLE	P		☐ Delete	TITLE					hange	☐ Addition
NAME	DANIEL, ROY E			NAME						
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TITLE			☐ Delete	TITLE				c	hange	Addition
NAME				NAME						
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2. Thereby 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 ke empowered.

SIGNATURE:

RESIDENCE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-03

239-481-2868

Daytime Phone #

CR2E034 (10/0)