

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0661698 AB

DOCUMENT # F00000007239

1. Entity Name
COLORS PAINTING, INC. OF NEW YORK



FILED

03 OCT 30 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
8150 VERBECK DRIVE
MANLUS NY 13104

Mailing Address
8150 VERBECK DRIVE
MANLUS NY 13104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. FEI Number 16-1549160

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MERTENS, PAUL A

2708 N.W. 48 ST.

TAMARAC FL 33309

Name

Sharon L. Leber

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

5863 Helicon Place

City

Sarasota

FL

Zip Code

34238

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 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MERTENS, JOSEPHINE
8150 VERBECK DRIVE
MANLUS NY
☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Share 300023675453
10/30/03--01005--003 **8.75
Sarasota, FL 34238
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300023675453
10/09/03--01077--018 **750.00
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEY MERTENS 4/24/03 6829246

CR2E034 (10/02)