

APPROVED
AND
FILED

03 SEP 15 PM 6:09

AMENDED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # G15317

1. Entity Name
SUPREME DRYWALL & PAINTING CO., INC.

500023048435
09/15/03--01034--015 **61.25

Principal Place of Business
14605-49TH ST
CLEARWATER, FL 34622-2837

Mailing Address
14605-49TH ST
CLEARWATER, FL 33762

2003 AMENDED

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2245041

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additions
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRANESE, ANTHONY P., ESQ.
1014 DREW STREET
CLEARWATER, FL 33755

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW WITH FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$125.00
Make sure to attach all necessary documents.

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 D
NAME GRANESE, ANTHONY P
STREET ADDRESS 1012 DREW ST
CITY-STATE-ZIP CLEARWATER, FL 00000, ☒ Delete

TITLE D
NAME John Pyros
STREET ADDRESS 14605 49th St. Clearwater,
CITY-STATE-ZIP FL 33762 ☐ Change ☒ Addition

TITLE P
NAME PYROS, JOHN
STREET ADDRESS 14605 49TH ST
CITY-STATE-ZIP CLEARWATER, FL 00000, ☐ Delete

TITLE D
NAME Pam Pyros
STREET ADDRESS 14605 49th St. Clearwater,
CITY-STATE-ZIP FL 33762 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-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

John Pyros
JOHN PYROS

9/9/03

727/536-0976

Date

Cellular Phone #

CRPC034 (10/02)