2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

J16632 **DOCUMENT #**

1. Entity Name

TAMPA TRUCK PAINTING, INC.



FILED Jan 29, 2003 8:00 am Secretary of State 01-29-2003 90153 019 ***150.00

| Principal Place of Business % PATRICK F. SPRAGUE 1904 EAST BUSCH BOULEVARD TAMPA FL 33612 | | | Mailing Address % PATRICK F. SPRAGUE 1904 EAST BUSCH BOULEVARD TAMPA FL 33612 | | | | | ^ | | |
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| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | I TODANSE OTOS KROTU OKILO OKILO AKILO 1861 OLOKI OLOKI OLOKI OSOKI OLOKI OLOKI ATOS | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | | ☐ CHECK HERE IF MAKING CHANGES | |
| City & State | | | City & State | | | | | 4. F | FEI Number 59-2679538 / Applied For Not Applicable | |
| Zip Country | | | Zip | Zip Coun | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current | | | Register | Registered Agent | | | 7. Name and Address of New Registered Agent | | | |
| | | | | | | Name | | | | |
| SPRAGUE, PATRICK F. | | | | Stroot Add | | | ddroon (D | ress (P.O. Box Number is Not Acceptable) | | |
| 1904 EAST BUSCH BOULEVARD | | | | Street Addres | | | doless (r. | .U. B | sox Number is Not Acceptable) | |
| TAMPA FL | L 33612 | | | | | | | | | |
| | | | | | | | 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 | | | | | | | | | | |
| | tions of registe | | | | | | - | - | · · · · · · · · · · · · · · · · · · · | |
| SIGNATURE | | | | | | | | | | |
| | Signature, typed t | or printed name of registered agen | and title if app | olicable. (NOTE | E: Registered | Agent signati | ure required w | hen rei | einstating) 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 | DIRECTO | I PRS | 11. | | | ADI | L DDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | PSTD | | | ☐ Delete | TITLE | | | | ☐ Change ☐ Addition | |
| NAME | SMITH, ALI | | | | NAME | | | | | |
| STREET ADDRESS | | | | | | REET ADDRESS | | | | |
| CITY-ST-ZIP | | CH FL | •—• | | CITY- | ST-ZIP | | | | |
| TITLE | S | | | ☐ Delete | TITLE | | | | ☐ Change ☐ Addition | |
| NAME STREET ADDRESS | SMITH, MIC | | | | NAME | | | | | |
| CITY-ST-ZIP | | GAL PALM WAY CH FL 33572 | | | | T ADORESS St-zip | | | | |
| TITLE | T | UITTE 33372 | | ☐ Delete | TITLE | J, 211 | | | ☐ Change ☐ Addition | |
| NAME | SMITH, CY | NTHIA | | L. Delete | NAME | | | | Change Addition | |
| STREET ADDRESS | | GAL PALM WAY | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | | EACH FL 33572 | | | CITY- | ST-ZIP | | | | |
| TITLE | | | | ☐ Delete | TITLE | | | | ☐ Change ☐ Addition | |
| NAME -: | ⇒ . | | | | | | . - . | | our est communication of the control | |
| STREET ADDRESS CITY-ST-ZIP | | | | | STREE CITY-: | T ADDRESS | | | | |
| | | | | | - | SI-ZIF | | | | |
| TITLE NAME | | | | ☐ Delete | TITLE | | | | ☐ Change ☐ Addition | |
| STREET ADDRESS | | | | | | T ADDRESS | | | | |
| CITY-ST-ZIP | • | | | | CITY- | | | | | |
| TITLE . | | | | ☐ Delete | TITLE | | | | ☐ Change ☐ Addition | |
| NAME | | | | | NAME | | | | _ Change _ Founding | |
| STREET ADDRESS | | | | | STREE | FADDRESS | | | , | |
| CITY-ST-ZIP | | | | ••• | CITY-5 | | | | | |
| 12. Thereby o | certify that the | information supplied with | this filing | does not qualify for | the exem | ption stat | ed in Sect | ion 1 | 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.