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

## **DOCUMENT # K46119**

1. Entity Name

SAIN & SON SANDBLASTING & PAINTING, INC.



FILED Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90058 003 \*\*\*150.00

Zip Country Zip Country 5. Certificate of Status Desired	*.						
Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   CHECK HERE IF MAKING CHANGES    City & State   City & State   4. FEI Number 65-0101362   Applied Fr. Not App	% TIMOTHY J. 9 3802 HANSON S	GRICE ST.	% TIMOTHY J. GRICE 3802 HANSON ST.		) (ABRIPATA DIA BANDA BINDA BINDA TANDA TANDA DIAN) BINDA	tl	
City & State  Country  Country  Country  Country  Country  Country  Country  Country  City  City  City  City  City  FL  City  City  FL  City  City  FL  City  City  City  City  City  FL  City	2. Principal Place of Business		3. Mailing Address				
Zip Country Zip Country 5. Certificate of Status Desired	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
Signature   Sign	City & State		City & State		4. FEI Number 65-0101362 Applied For Not Applied		
GRICE, TIMOTHY J. 3802 HANSON ST. FT. MYERS FL 33391  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 acceptable the obligations of registered agent.  SignATURE  Signature, typed or printed name of registered agent and lette 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  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITITLE NAME STREET ADDRESS CITY- ST- ZIP  VSD DElete MANNING; JAMES C. 10830 PIONEER ROAD N. FT. MYERS FL  Street ADDRESS CITY- ST- ZIP  NAME STREET ADDRESS CITY- ST- ZIP  STREET ADDRESS CITY- ST- ZIP  CITY- ST- ZIP  ANAME STREET ADDRESS CITY- ST- ZIP  STREET ADDRESS CITY- ST- ZIP  NAME STREET ADDRESS CITY- ST- ZIP  STREET ADDRESS CITY- ST- ZIP  CITY- ST- ZIP  NAME STREET ADDRESS CITY- ST- ZIP  STREET ADDRESS CITY- ST- ZIP  CITY- ST- ZIP  CITY- ST- ZIP  NAME STREET ADDRESS CITY- ST- ZIP	Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
GRICE, TIMOTHY J. 3802 HANSON ST. FT. MYERS FL 33391  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 accidence of registered agent and to the obligations of registered agent and to the inapplicable.  Signature. Signature, typed or printed name of registered agent and to the inapplicable.  (NOTE Registered Agent signature required when reinstating)  DATE  9. Election Campaign Financing Added to Feet St. 100 May Added to Feet Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITLE NAME  STREET ADDRESS OTY-ST-ZIP  VSD DELET ONE STREET ADDRESS OTY-ST-ZIP  VSD MANNING; JAMES C. 10830 PIONEER ROAD  N. FT. MYERS FL  Street Address (P.O. Box Number is Not Acceptable)  ITLE  ADDITIONS/CHANGES TO OFFICIAL AND DIRECTORS IN 11 ITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Stre	, "	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	$\Box$	
3802 HANSON ST.  FT. MYERS FL 33391  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 acceptable of the obligations of registered agent.  Signature Signature, typed or printed name of registered agent and tole if applicable. (NOTE: Registered Agent signature required when reinstalling)  After May 1, 2003 Fee will be \$550.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE NAME GRICE, TIMOTHY J.  9550 QUAIL RUN N. FT. MYERS FL  VSD Delete NAME MANNING; JAMES C.  1712-S1-2IP  TIRE NAME MANNING; JAMES C.  1713-S1-2IP  Street Address (P.O. Box Number is Not Acceptable)  City - S1-2IP  Zip Code  (NOTE: Registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the composition of registered agent, or both, in the State of Florida. I am familiar with, and acceptable with the required when rejustable gent of Florida Department of State of Florida De		— · — · · · · · · · · · · · · · · · · ·	The second of th	Name	والمراجع والمتعارض والمتعا		
3802 HANSON ST.  FT. MYERS FL 33391  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 acc the obligations of registered agent.  Signature:  Signature: Signature, hyped or printed name of registered agent and title if explicable. (NOTE: Registered Agent signature required when reinstaling)  DATE  FILE NOW!!! FEE IS \$150.00 Agent May 1, 2003 Fee will be \$550.00 May Added to Feet Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TITLE NAME  GRICE, TIMOTHY J. Delete  GRICE, TIMOTHY J. STREET ADDRESS  CITY-SI-ZIP  NAME  MANNING; JAMES C.  STREET ADDRESS  CITY-SI-ZIP  MANNING; JAMES C.  STREET ADDRESS  CITY-SI-ZIP  N. FT. MYERS FL  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  AMANE STREET ADDRESS  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP	·			Street Addres	Street Address (P.O. Box Number is Not Acceptable) .		
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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 acceptable to Plorida agent and table if applicable.    Signature   Signature typed or printed name of registered agent and table if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE	FT. MYERS	FL 33391	** <sub>\$</sub>		·		
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NAME NAME	TITLE		Delete	TITLE	☐ Change ☐ Addit	tion	
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TITLE Delete TITLE Change Add	NAME .		☐ Delete	NAME	☐ Change ☐ Additi	tion	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

3/25/03

239-337-2110

Daytime Phone #

Change

Addition