

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90108 017 ***150.00

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DOCUMENT # K90147

1. Entity Name
DARWIN C. CARR PAINTING & DECORATING, INC.



Principal Place of Business
**%DARWIN C. CARR
1807 COLOMBIA DRIVE
WINTER HAVEN FL 33884**

Mailing Address
**1807 COLUMBIA DR
WINTER HAVEN FL 33881
US**



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 **59-2959204**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARR, DARWIN C.
1807 COLUMBIA DR NE
WINTER HAVEN FL 33881**

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 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	D	<input type="checkbox"/> Delete	CARR, DARWIN C.			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	141 BROWNING CIR.		WINTER HAVEN FL						
	D	<input type="checkbox"/> Delete	CARR, JO-ANNE M.			<input type="checkbox"/> Change <input type="checkbox"/> Addition			
	141 BROWNING CIR.		WINTER HAVEN FL						
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ms. Anne CARR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-03 (863) 298-8222

CR2E034 (10/02)