2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000017142

STUART PAINTING SERIVCES, LLC



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90032 021 ****50.00

			Mailing Address 3725 SE OCEAN BLVD., SUITE 202 STUART FL 34996] (] 1]					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						
City & State			City & State				4. FEI Number 65-1139693				pplied For ot Applicable	
Zip	 -	Country	Zip	Zip Countr			5. Certificate of Status Desired			\$5.00 Ad	\$5.00 Additional	
	6. Name	and Address of Current	Registered Agent	stered Agent			7. Name and Address of New Registered Agent					
	N CO, INC	***		ddrass (F	O Boy Num	her is Not Acce	ntable)					
3725 SE OCEAN BLVD., SUITE 202 STUART FL 34996			٠		- Jileet Ai	Street Address (P.O. Box Number is Not Acceptable)						
			g		City				F	Zip Cod	de	
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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003												
9. MANAGING MEMBERS/MANAGERS 10.								ADDIT	IONS/CHANGE	S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GULICK & MC CAULEY CONSTRUCTION, CO.INC 3725 SE OCEAN BLVD #202 STUART FL 34996 TITL NAM CITY CITY CITY CITY CITY CITY CITY CITY									☐ Change	Addition	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #