

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90950 013 ***150.00

DOCUMENT # L26766

1. Entity Name
LOU'S PAINTING ENTREPRISES INC.



Principal Place of Business
C/O LOUISE BOURGAULT
235 S.E. 9TH STREET
DANIA FL 33004

Mailing Address
C/O LOUISE BOURGAULT
235 S.E. 9TH STREET
DANIA FL 33004



2. Principal Place of Business

235 SE 9TH STREET

Suite, Apt. #, etc.

3. Mailing Address

235 SE 9TH STREET

Suite, Apt. #, etc.

City & State

DANIA, FL.

City & State

DANIA, FL

Zip

33604

Country

U.S.A.

Zip

33004

Country

U.S.A.

4. FEI Number

65-0158321

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

BOURGAULT, LOUISE
235 S.E. 9TH STREET
DANIA FL 33004

7. Name and Address of New Registered Agent

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

TITLE **DP** ☐ Delete
NAME **BOURGAULT, LOUISE**
STREET ADDRESS **235 S.E. 9TH ST.**
CITY-ST-ZIP **DANIA FL**

TITLE **DVP** ☐ Delete
NAME **CADORETTE, JEAN GUY**
STREET ADDRESS **235 S.E. 9TH ST.**
CITY-ST-ZIP **DANIA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-15-2003

Date

(954) 923-1225
Daytime Phone #

CR2E034 (10/02)