## ui ber in **FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (LIRP)

## FILED Aug 07, 2002 8:00 am Secretary of State

DOCU	JMENT # L923	08-07-2002 90	185 001 ***150.00		
Spectrum Painting and Waterproofing					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 4700 95th Street North 4700 95th Street N		North	972916		
Suite, Apt. #, etc. Suite, Apt. #, etc				DO NOT WRITE IN THIS SPACE	
City & State St. Petersburg, Florida City & State St. Petersburg, Florida		orida	4. FEI Number		
-33708±	- Pinellas	Zip 33708	Country Pinellas	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			Name Al-	7. Name and Address of Current Registered Agent  Name Alon Requirement	
DO NOT WRITE IN THIS SPACE			Alai	Name Alan Beauregard  Street Address (P.O. Box Number is Not Acceptable)	
			Street Addres	Sirect Address (F.C. Box Normbor is Not Acceptable)	
			4700 95tl	4700 95th Street North	
			City St. Pe	City St. Petersburg FL Zip Code 33708	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  Signature, typed or present name of registered spirit and title if applicable.  INCIT: Remarked Apple sourget preciding to the preciding of the preciding to the precidin				7/31/  Index sense resistatings  10. Election Campaign Financing  Trust Fund Contribution.	
TITLE	President	MILO I ONG	TITLE		
NAME	Alan Beauregard		NAME		( 5
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TITLE	St. Petersburg, FLOI	ida 33708	TITLE		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			SIRFET ADDRESS		

13. Thereby certify that the information supplied with this filing does not quality 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 the aid 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 truster of the corporation of the receiver or truster of the corporation of the corporation of the corporation of the receiver or truster of the corporation of the receiver or truster of the receiver of truster of the receiver or truster of the receiver of t attachment with an address, with all ed

CITY-ST-ZIP

SIGNATURE: \_\_

CHY+ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/02

727-525-8645

Daytime Friene #



July 31, 2002

Uniform-Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

To Whom It May Concern:

We are sending our Uniform Business report with a check for \$150.00. We never received the report in the mail as it was mailed to an old P.O. box number that we no longer use. Thank you.

Alan Beauregard

President

Spectrum Painting and Waterproofing