2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

L92389 DOCUMENT

1. Entity Name

SPECTRUM PAINTING & WATERPROOFING INC

|--|

FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90147 033 ***150.00

| SPECIALINI PAINTING & WATERFROOTING INC. | | | | | | | | | |
|--|--|--|--|---------------------------|---|--|------------------|---------------------------------------|--|
| Principal Place of Business 4700 95TH ST. N. ST. PETERSBURG FL 33708 US | | Mailing Address 4700 95TH ST. N. ST. PETERSBURG FL 33708 US | | | | | | | |
| 2 Principal Pla | on of Runings | 3. Mailing Address | | | _ | | | | |
| 2. Principal Place of Business | | 4. Walling Address | | | | | | | |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | V P | City & State | | | 4. F | 59-3022628 | | oplied For ot Applicable | |
| Zip | Country | Zip | Zip Country | | 5. (| Certificate of Status Desired | \$8.75 Add | ditional | |
| | | agletored Agont | lean dia managan d | | Fee Required 7. Name and Address of New Registered Agent | | | | |
| 6. Name and Address of Current Registered Agent | | | | Name | 7. 1 | taine and Address of New Registere | u Agent | | |
| BEAUREGARD, ALAN D. 4700 95TH STREET NORTH33708 | | | | Street Address | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SAINT PETERSBURG FL 33708 | | | | | | | | | |
| SAINI PETE | ENSBURG FL 33700 | | | | Zip Code | | | | |
| | | | City | | | F | L Zip Coo | le | |
| | named entity submits this statement for | the purpose of changing i | ts registere | ed office or registe | ered ag | ent, or both, in the State of Florida. I a | m 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 | | | | | | | | | |
| S | Signature, typed or printed name of registered agent an | d title if applicable. (NC | OTE: Registered | d Agent signature require | ed when re | Einstaung) DATE | : | | |
| After I | E NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 | S | | | | Election Campaign Financing Trust Fund Contribution. | | May Be | |
| Make Check Payable to Florida Department of State | | | | | ٠. | DITIONS TO OFFICERS A | ND DIRECTOR | · · · · · · · · · · · · · · · · · · · | |
| 10. ', ' Ir | OFFICERS AND D | | 11. | | AD | DITIONS/CHANGES TO OFFICERS A | Change | Addition | |
| INILE | BEAUREGARD, ALAN D. | ☐ Delete | NAMI | - I | | | ☐ Change | C) Addition | |
| | 4700 95TH STREET NORTH | | | ET ADDRESS | | | | \ | |
| | SAINT PETERSBURG FL 33708 | | CITY- | -ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | | | NAMI | | | | | į | |
| STREET ADDRESS | | | | ET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | -ST-ZIP | | | | | |
| TITLE | The state of the s | ☐ Delete | mrue | | | | ¯ ☐ Change | Addition | |
| NAME STREET ADDRESS | | | NAMI STRE | E ET ADDRESS | | | | | |
| STREET WINDESS] | | | SINC | ET REPUILOU | | | | ı | |

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

CITY-ST-ZIP

STREET ADDRESS

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SIGNATURE.

CITY-ST-ZIP

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CITY-ST-ZIP

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NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Change

☐ Change

☐ Change

Addition

☐ Addition

☐ Addition