

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90127 029 \*\*\*\*61.25

**DOCUMENT # N40628**

1. Entity Name

**PAINT YOUR HEART OUT LAKE LAND, INC.**



Principal Place of Business

**500 S. FLORIDA AVE.  
SUITE 600  
LAKE LAND FL 33801**

Mailing Address

**P.O. BOX 1712  
LAKE LAND FL 33802**

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 **59-3034500**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PINCKET, STEVE  
500 S FLORIDA AVE  
SUITE 600  
LAKE LAND FL 33801**

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

**1-10-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** ☐ Delete  
NAME: **PINCKET, STEVE**  
STREET ADDRESS: **500 S FLORIDA AVE STE 600**  
CITY-ST-ZIP: **LAKE LAND FL 33801**

TITLE: **D** ☐ Change ☒ Addition  
NAME: **Robert Salzman**  
STREET ADDRESS: **5560 Kings Mont Dr.**  
CITY-ST-ZIP: **Lakeland, FL 33813**

TITLE: **TD** ☐ Delete  
NAME: **BROWN, SHARON**  
STREET ADDRESS: **500 S. FLORIDA AVE STE 600**  
CITY-ST-ZIP: **LAKE LAND FL 33801**

TITLE: **D** ☐ Change ☒ Addition  
NAME: **Tami Grimes**  
STREET ADDRESS: **3361 US Hwy 92 E**  
CITY-ST-ZIP: **Lakeland, FL 33801**

TITLE: **D** ☒ Delete  
NAME: **CORNELIUS, JOHN**  
STREET ADDRESS: **2245 LONGLEAF CT**  
CITY-ST-ZIP: **LAKE LAND FL 33813**

TITLE: **D** ☐ Change ☒ Addition  
NAME: **David Douglas**  
STREET ADDRESS: **3535 Medulla Rd.**  
CITY-ST-ZIP: **Lakeland, FL 33815**

TITLE: **D** ☐ Delete  
NAME: **BRUCE, ALEXANDER M**  
STREET ADDRESS: **111 LAKE HOLLINGSWORTH DR**  
CITY-ST-ZIP: **LAKE LAND FL 33801**

TITLE: **D** ☐ Change ☒ Addition  
NAME: **Bernie Heisler**  
STREET ADDRESS: **1416 E. Lemon St.**  
CITY-ST-ZIP: **Lakeland, FL 33801**

TITLE: **D** ☐ Delete  
NAME: **ROBERTS, GENE**  
STREET ADDRESS: **524 PABLO ST**  
CITY-ST-ZIP: **LAKE LAND FL 33803**

TITLE: ☐ Change ☐ Addition  
NAME: ☐

TITLE: **D** ☐ Delete  
NAME: **SPIVEY, TIM**  
STREET ADDRESS: **730 E MAIN ST**  
CITY-ST-ZIP: **LAKE LAND FL 33801**

TITLE: ☐ Change ☐ Addition  
NAME: ☐

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 617, 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**

**1-10-03 863 687-1941**

CR2E037 (10/02)