

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

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

04-17-2003 90193 024 \*\*\*150.00

DOCUMENT # P00000009945

1. Entity Name

ROMAN'S PAINTING CORP.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

200 Starcrest Dr. #312

Suite, Apt. #, etc.

3. Mailing Address

200 Starcrest Dr.

Suite, Apt. #, etc.

#312

DO NOT WRITE IN THIS SPACE

City & State

Clearwater FL

Zip 33765

Country

City & State

Clearwater FL

Zip 33765

Country

4. FEI Number

59-3321078

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Roman Sochor

Street Address (P.O. Box Number is Not Acceptable)

200 Starcrest Dr. #312

City

Clearwater

FL

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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

*Roman Sochor 09/04/03*

Roman Sochor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

President

Roman Sochor

200 Starcrest Dr. #312

Clearwater, FL 33765

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Vice President/Sec

Jan Janousek

2567 Oak Trail #113

Clearwater, FL 33764

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Roman Sochor 09/04/03* Roman Sochor  
President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)