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

DOCUMENT # P0000009945 1. Entity Name



Apr 17, 2003 8:00 am Secretary of State 04-17-2003 90193 024 ***150.00

ROMAN	N'S PAINTING CORP.								
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address									
200 Starcrest Dr. #312 Suite, Apt. #, etc.		200 Starcrest Dr. Suite, Apt. #, etc. #312			DO NOT WRITE IN THIS SPACE				
City & State	e water FL	Clearwater FL			4. FEI Num	ber 59-3321078		Applied For Not Applicable	
Zip 3	33765 Country	Zip 33765	Country		·	te of Status Desired	Fee f	75 Additional Required	
and the second party of the second of the				7. Name and Address of Current Registered Agent					
	DO NOT W		Roman Sochor Street Address (P.O. Box Number is Not Acceptable)						
IN THIS SPACE			200 Starcrest Dr. #312						
8. The above named entity submits this statement for the purpose of changing its			Clearwater FL Zip Code						
	tions of registered agent.	are purpose of oneinging its a	egistered office (or registered	agent, or t	out, at the state of Florida. To	ant rannina	with, and accept	
SIGNATURE .	Korman Sochor	09/04/03 Roma	n Socho	r					
Signature, typed or printed name of registered agent and title if applicable. 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			Tragistered Agent Stant	ature required wi	I	Election Campaign Financing rust Fund Contribution.	ME	\$5.00 May Be Added to Fees	
10.	OFFICERS AND I	ender-militaries estados	Tally to the Company	rain in the sine			1 mg - 2		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roman Sochor 200 Starcrest Dr Clearwater, FL 3	. #312 3765	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice PResident/Se Jan Janousek 2567 Oak Trail #7 Clearwater, FL 3	113	TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ĺ	OO NOT WE	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP			N THIS SPA	ACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS		enever employ				
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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Roman Sochor

Date

Daytime Phone #