2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P00000053252

DOCUMENT #



FILED Jan 30, 2003 8:00 am Secretary of State

1. Entity Name COLLINS CUSTOM PAINTING INC.							01-30-2003	90169 0	009 ***150	0.00	
Principal Place of Business 803 RIVERSIDE OR. MELBOURNE BEACH FL 32951 US			Mailing Address PO BOX 510577 MELBOURNE BEACH FL 32951 US								
2Principal P	lace of Busin	966	_3.∵Mailing⁺Address				1,10014001,414,00111,00411,00411,00114		Barda ingra indri	,01110,1101,1601,2501	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					_	
City & State		City & State		4 FEI Number 59-2942528			Applied For Not Applicable				
Zìp	Zip Country		Zíp	Country		5. C	ertificate of Status Desired		\$8.75 Add Fee Require		
6. Name and Address of Current			Registered Agent		7. Name and Address of New Registered Agent						
				-	Name						
COLLINS, MICHAEL P 803 RIVERSIDE DR. MELBOURNE BEACH FL 32951					Street Address (P.O. Box Number is Not Acceptable)						
					City		11.000	FL			
	named entity ions of regist		r the purpose of changing it	s registered	d office or registe	ered age	nt, or both-in the State of Flor	ida:-l:am	familiar with.	and accept_	-
SIGNATURE.	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registered	Agent signature require	ed when rein	nstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution			0 May Be to Fees	
Make Check	C Payable to	Florida Department of	State				wast rand commodition				
Make Check	C Payable to	OFFICERS AND		11.		ADD	DITIONS/CHANGES TO OFFI		DIRECTOR	S IN 11	_ ا
	Р	OFFICERS AND		11.		ADE			DIRECTOR:	S IN 11	60/2
10. F TITLE NAME STREET ADCRESS	P COLLINS, 803 RIVER	OFFICERS AND MICKEY RSIDE DRIVE	DIRECTORS	TITLE NAME STREE	T ADDRESS	ADD					(00/01/10/00)
10. 5 TITLE NAME STREET ADCRESS CITY-ST-ZIP	P COLLINS, 803 RIVER	OFFICERS AND	DIRECTORS Delete	TITLE NAME	T ADDRESS	ADC			☐ Change		D2E024 (40(02)
10. F TITLE NAME STREET ADCRESS	P COLLINS, 803 RIVER	OFFICERS AND MICKEY RSIDE DRIVE	DIRECTORS	TITLE NAME STREE CITY-S	T ADDRESS ST-ZIP	ADE				☐ Addition	CD2E024 (40/02)
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12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: