

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90069 026 ***150.00

DOCUMENT # P00000060865

1. Entity Name
LAKELAND PAINTING OF POLK COUNTY, INC.



Principal Place of Business
**2542 JENNIFER DRIVE
LAKELAND FL 33810-5126**

Mailing Address
**2542 JENNIFER DRIVE
LAKELAND FL 33810-5126**



2. Principal Place of Business
2537 Dow's Place
Suite, Apt. #, etc.

3. Mailing Address
2537 Dow's Place
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number **59-3657474**

Applied For
Not Applicable

Country
33801

Zip
33801

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EDDINGS, MYRL
2542 JENNIFER DRIVE
LAKELAND FL 33810-5126**

7. Name and Address of New Registered Agent

Name **Myrl Eddings**
Street Address (P.O. Box Number is Not Acceptable)
2640 Golfview St.
City **LAKELAND** FL Zip Code **33801**

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

(NOTE: Registered Agent signature required when reinstating)

4-28-03
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D EDDINGS, MYRL 2542 JENNIFER DRIVE LAKELAND FL 33810-5126	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: **Myrl Eddings** **REQUIRE** **Myrl Eddings** **4-28-03** **863-8882**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0504617 AV

0504617 (10/02)