2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P00000085852 DOCUMENT

1. Entity Name

CODTUNE'S OF ASSIC DAINTING INC



Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90046 029 ***150.00

FILED

| FORTUNES CLASSIC FAINTING, INC. | | | | | | |
|---|---|---|-----------------------|---|-----------------------------------|--|
| Principal Place 2626 STALEY (ORLANDO FL 3 | CT | Mailing Address 2626 STALEY CT ORLANDO FL 32818 | | | | |
| 2. Principal Pla | ace of Business 7 | 3. Mailing Address | | | | |
| Suite, Apt. | 26 Styley ct #, etc. | 2626 STV | aley ct | ☐ CHECK HERE IF MAKI | NG CHANGES | |
| City & State | ando | City State | | 4. FEI Number 58-9372743 | Applied For Not Applicable | |
| Zip 328 | 18 Country U.S | 37818 | Country 4.5 | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Age. a | | | · [7 | 7. Name and Address of New Registered Agent | | |
| | | | | OK Tune, OfA-F dress (P.O. Box Number is Not Acceptable) | | |
| 2626 STALEY CT | | | | | | |
| ORLANDO FL 32818 | | | | 6 Staley Ct | Zip Code | |
| | | | | | <u> </u> | |
| 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 of printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | |
| After | LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of | State | | Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND | | 11, | ADDITIONS/CHANGES TO OFFICERS A | NO DIRECTORS IN 11 | |
| | D OFFICERS AND | Delete Delete | TITLE LA | ADDITIONO/OF MINGES TO OFFICE NO. | | |
| TITLE NAME | FORTUNE, JOHNNY | Delete | NAME T | Thuny Fortune | ☐ Change ☐ Addition S | |
| STREET ADDRESS | 1402 41ST STREET | | STREET ADDRESS | onny for is, | | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP | 626 staley ct or | 41-63281818 | |
| TITLE | RAST | □ Delete | TITLE 13 | 45+ | Change Addition | |
| NAME | FORTUNE, OLGA E | | NAME E | ortune, olgani | | |
| STREET ADDRESS | 1402 41ST STREET | | - I A | 1018+ 1018 01 01 01 | 32818 | |
| CITY-ST-ZIP | ORLANDO FL 32839 | | CITY-ST-ZIP 20 | 046 STATEY CT OUTPL | - JO-010 | |
| TITLE -/ | | ☐ Delete —— | NAME | - Magicipal (No. | ☐ Change ☐ Addition | |
| NAME | | | NAME CIRCL ADDRESS | | | |

STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 appoint 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 of 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 at other like empowered.

SIGNATURE:

CITY-ST-ZIP