## 2003 FOR PROFIT CORPORATION

UN	IFURM BUSINE	33 REPUKI	(UDK)	Apr 14, 2003 0.00 am	L
DOCU 1. Entity Nam		00088774		Secretary of State 04-14-2003 90057 035 ***150.00	
,	RINE PAINTING, INC.			0114-2003 2003 7 033 130.00	
Principal Plac	N DRIVE	Mailing Address 1494 FALCON DRIVE DUNEDIN FL 34898	<u> </u>		
'	lace of Business 6/PRINCE Philips #, etc.	3. Mailing Address 7. 176/ PRIA Suite, Apt. #, etc.	VCE Philip:	57	
City & State	2	City & State		4. FEI Number FO 2021051 Applied For	7
elw	FL	Clw FL		59-36/4051 Not Applicable	<u> </u>
<sup>Zip</sup> 337	55 Country USA	33755	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Registered Agent	$\dashv$
BARHAM, SHERIDON HISH FALCON DRIVE 1761 PRINCE Philip ST Street Address (P.O. Box Auguster is Not Acceptage) HILLIP ST					
	CONDRIVE 176/ PA	eince puili		ess (P.O. Box Aurober is Not Accept DeHILIA ST	4
D <del>UNEDIN</del>	HEAL WA	TER FL 3375	SS City CI	EARWATER FL Zig Code	-
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 obligati	ons of registered agent.				
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: f	Registered Agent signature req	quired when reinstating) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.00 Payable to Florida Department of	State	-	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.   Added to Fees	7
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	+
TITLE	PARILAM CUEDIDAN	☐ Delete	TITLE	RARHAM, SHERIDON Change Addition	100
NAME STREET ADDRESS	BARHAM, SHERIDAN  1194 FALCON DRIVE COM	Palmer Blake	NAME REET ADDRESS	BARHAM, SHERIDON Change Addition	14
CITY-ST-ZIP TITLE	DUNEDIN FL-94698 CERC	Delete	CITY-ST-ZIP TITLE	CIEARWATER FL 33755	}
NAME	,	□ Delete	NAME	_ Citalige Addition	0
STREET ADDRESS : CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS CITY-ST-ZIP		CIC Andrews Communication of St.	STREET ADDRESS CITY-ST-ZIP		-
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	7
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	1
NAME STREET ADDRESS	,		NAME . STREET ADDRESS		
CITY-ST-ZIP		ina ya mari yana barina ki 'i 'ana	CITY-ST-ZIP		}
TITLE	in the section of the	. Delete	TITLE	☐ Change ☐ Addition	7
NAME STREET ADDRESS			NAME STREET ADDRESS	<b>.</b>	
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby c indicated	ertify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for the rue and accurate and that my	ne exemption stated in signature shall have to	n Section 119.07(3)(i), Florida Statutes. I further certify that the information the same legal effect as if made under oath; that I am an officer or director	

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-03 727 461-1585