

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90087 039 \*\*\*150.00

0141219 AT

**DOCUMENT # P01000001332**

1. Entity Name  
**RALPH HOWARD PAINTING, INC.**



Principal Place of Business  
**6021 SE 5TH PLACE  
OCALA FL 34472**

Mailing Address  
**6021 SE 5TH PLACE  
OCALA FL 34472**

2. Principal Place of Business  
**341 SE 52nd Ct**  
Suite, Apt. #, etc.

3. Mailing Address  
**341 SE 52nd Ct**  
Suite, Apt. #, etc.

City & State  
**OCALA**

City & State  
**OCALA**

Zip **FL** Country

Zip **34471** Country

4. FEI Number **59-3690459**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HOWARD, RALPH A  
6021 SE 5TH PLACE  
OCALA FL 34472**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

**341 SE 52nd Ct**

City

**FL**

Zip Code

**34471**

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, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/21/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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	<b>D HOWARD, RALPH A 3640 NE 29TH TERRACE OCALA FL 34479</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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	<b>341 SE 52nd Ct OCALA FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/21/03**

Date

**352-694-3804**

Daytime Phone #

CR2E034 (4/03)

**RALPH HOWARD PAINTING, INC.**

Phone 352-694-3804

Attachment

80139614  
# P01000001332

341 SE 52nd COURT  
OCALA, FL 34471

August 07, 2003

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find, my check in the amount of \$150.00 for the Uniform Business Report Filing. I was not aware of the due date and was not informed by my accountant to look for this form in the mail. When I moved, I gave a change of address to the post office and was not aware that I had to notify your office specifically of a change of address. The post office did not forward your billing notice to my current address until July 7, 2003. I have enclosed a copy of your mailing envelope which verifies this. I made an attempt to contact your office by phone to find out what could be done and was told by a recording that no operators were available because of cut backs.

I am very sorry this accrued and it will not happen again. Please accept my payment of \$150.00 and contact me if there are any questions. I can be reached at either 352-207-2290 or 352-694-3804.

Thank you for your understanding and assistance.

Sincerely,

  
Ralph Howard