

2004 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90014 019 ***150.00

DOCUMENT# 1. Entity Name RAMOS PAINTING, INC			
Principal Place of Business 3663 KINGSTONES BLVD UNIT304 SARASOTA, FL 34238		Mailing Address 3663 KINGSTONES BLVD UNIT304 SARASOTA, FL 34238	
2. Principal Place of Business 1040 MARLIN LAKES CIRCLE		3. Mailing Address 1040 MARLIN LAKES CIRCLE	
Suite Apt.#, etc. 1613		Suite. Apt. #. etc. 1613	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34232	Country USA	Zip 34232	Country USA

94027882

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TAX HOUSE CORPORATION 3929 N. FEDERAL HWY. POMPANO BEACH, FL 33064		7. Name and Address of New Registered Agent Name TAX HOUSE CORPORATION Street Address (P.O. Box Number is Not Acceptable) 11601 S CLEVELAND AVENUE SUITE 6 City FORT MYERS FL Zip Code 33907	
--	--	--	--

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.

SIGNATURE _____ DATE **03/08/2004**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW! FEE IS \$150.00 After MAY 1, 2004 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS		12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, ADRIAN F 1050 MILITARY TRAIL UNIT 304 DEERFIELD BEACH, FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMOS, ADRIAN F 1040 MARLIN LAKES CIRCLE APT 1613 SARASOTA, FL 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE: Adrian Fabris Ramos **03/08/2004** **(941)809-7236**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #