2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0100009172

1. Entity Name

JCT PAINTING COMPANY



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90130 043 ***150.00

				WE TE					
Principal Place of Business 6512 SALINE STREET TAMPA FL 33634-5065		Mailing Address 6512 SALINE STREET TAMPA FL 33634-5065							
2. Principal Place of Business		3. Mailing Addr	3. Mailing Address			BBIBI HANY PRIN APRIL PASIN	1144 94110 (1191 (1191)	16818 (181 188)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number	LULY AUGUSTA		Applied For Not Applicable	
Zip Country		Zip	Country		5. Certificate of	5. Certificate of Status Desired			
	6. Name and Address of Curre	ant Registered Agent			7. Name and A	dress of New Regist	ered Agent		
	6. Name and Address of Curr	ent negistered Agent		Name					
TREJO, JOS			Street Address			s (P.O. Box Number is Not Acceptable)			
6512 SALIN				<u> </u>	<u></u>				
tampa fl	33634-5065								
				City			FL Zip Code		
8. The above the obligation	named entity submits this statement ons of registered agent.	nt for the purpose of ch	nanging its register	red office or regis	tered agent, or both,	in the State of Florida.	l am familiar witi	n, and accept	
SIGNĀTURE _	Signature, typed or printed name of registered a	gent and title if applicable.	(NOTE: Register	ed Agent signature requ	ired when reinstating)		DATE	······································	
After	LE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550. Payable to Florida Departmen	.00 nt of State				ion Campaign Financi Fund Contribution.		.00 May Be led to Fees	
		ND DIRECTORS	11		ADDITIONS/C	HANGES TO OFFICEF	S AND DIRECTO	RS IN 11	
10.	DPS ::		Delete TIT			<u></u>	☐ Change		
	TREJO, JOSE C	_		ме				į.	
STREET ADDRESS	6512 SALINE STREET			REET ADDRESS				1	
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	rivera, marian a			ME		•			
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TITLE			Doloto	TLE				9*	
NAME				AME Treet Address					
STREET ADDRESS				ITY-ST-ZIP					
CITY-ST-ZIP	<u> </u>	d with this filing does n		1	n Section 119 07(3)(ii	. Florida Statutes. I fur	rther certify that the	ne information	
A	about the information outpolice	a with this filling does fi	оговани погине е	スロコレロいけ ろほばび し	,,	* * * * * * * * * * * * * * * * * * *			

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner 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 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:

SNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/03 8/3 376-354 Date Daytime Phone #