

**AMENDED**  
**2003 FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**


FILED

03 AUG 15 AM 7:45

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P01000009172**

1. Entity Name  
**JCT PAINTING COMPANY**



Principal Place of Business  
 6512 SALINE STREET  
 TAMPA, FL 33634-5065

Mailing Address  
 6512 SALINE STREET  
 TAMPA, FL 33634-5065



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3690636		<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
TREJO, JOSE C 6512 SALINE STREET TAMPA, FL 33634-5065				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip 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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent's signature required when amending)

DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREJO, JOSE C		NAME	800022455148	
STREET ADDRESS	6512 SALINE STREET		STREET ADDRESS	08/20/03--01082--011	**61.25
CITY-ST-ZIP	TAMPA, FL 336345065		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIVERA, MARIAN A		NAME	VAZQUEZ, GRETA M	
STREET ADDRESS	6512 SALINE STREET		STREET ADDRESS	6512 SALINE STREET	
CITY-ST-ZIP	TAMPA, FL 336345065		CITY-ST-ZIP	TAMPA, FL 336345065	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Jose C. Trejo JOSE C. TREJO (813)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

7/8/15