

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

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90015 007 \*\*\*150.00

DOCUMENT # 001000027331

1. Entity Name

PAINT MISBEHAVIN, INC ✓

**DO NOT WRITE IN THIS SPACE**

**80093694**

2. Principal Place of Business

6900-A12 DANIELS PARKWAY

3. Mailing Address

6900 DANIELS PARKWAY

Suite, Apt. #, etc.

A 12

Suite, Apt. #, etc.

A12

City & State

FORT MYERS, FL

City & State

FORT MYERS FL

Zip

FL 33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

65-1083021

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

KELVIN THOMAS

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

6638 KESTREL CIRCLE

City

FORT MYERS

FL

Zip Code

33912

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

[Signature]  
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT

4.28.02

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P</u> <u>KELVIN THOMAS</u> <u>6638 KESTREL CIRCLE</u> <u>FORT MYERS, FL 33912</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 507, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.28.02

Date

941-768-1083

Daytime Phone #

CR2E034B (12/01)