

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2003 8:00 am
Secretary of State

8/1

08-13-2003 90076 006 ***150.00

DOCUMENT # P01000030191

1. Entity Name
PETER THE PAINTER, INC.



Principal Place of Business
**2449 HOPE LANE EAST
PALM BEACH GARDENS FL 33408**

Mailing Address
**2449 HOPE LANE EAST
PALM BEACH GARDENS FL 33408**

55055304



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1096334**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRANKLIN, ELLIOTT
2777 S. CONGRESS AVE.
LAKE WORTH FL 33461**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME **PD PATSATS, PARASKEVAS** ☐ Delete
STREET ADDRESS
CITY-ST-ZIP **2449 HOPE LANE EAST
PALM BEACH GARDENS FL 33408**

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
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)(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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED34 (4/03)

Attachment # 55055304

PETER THE PAINTER INC.
2449 Hope Lane East
Palm Beach Gardens, FL
33408

PO1000030191

11 August 2003

Uniform Business Report
DIVISION OF CORPORATIONS
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

RE: PO1000030191

This is the first notice regarding this payment. The address you have is correct.
Please accept this \$150.00 payment.

Thank you,



Peter Patsatsis