

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90163 009 ***150.00

DOCUMENT # P01000048058

1. Entity Name
E&D'S TINTING SERVICES, INC.



Principal Place of Business
**206 WATTS LANE
#B
KISSIMMEE FL 34743**

Mailing Address
**206 WATTS LANE
#B
KISSIMMEE FL 34743**



2. Principal Place of Business

3262 HUNTERS CHASE LOOP

3. Mailing Address

3262 HUNTERS CHASE LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

KISSIMMEE FLORIDA

City & State

KISSIMMEE FLORIDA

4. FEI Number

59-3715021

Applied For

Not Applicable

Zip

34743

Country

USA

Zip

34743

Country

USA

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

**TAYLOR, EDISON X
206 WATTS LANE #B
KISSIMMEE FL 34743**

Name

TAYLOR, EDISON X

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

3262 HUNTERS CHASE LOOP

City

KISSIMMEE

FL

Zip Code

34743

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

3-10-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 ☐ Delete
NAME **PSD**
STREET ADDRESS **TAYLOR, EDISON X**
CITY-ST-ZIP **206 WATTS LANE, #B
KISSIMMEE FL 34743**

TITLE ☒ Change ☐ Addition
NAME **PSD**
STREET ADDRESS **TAYLOR, EDISON X**
CITY-ST-ZIP **3262 HUNTERS CHASE LOOP
KISSIMMEE FL 34743**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 #

3-10-03

CR2E034 (10/02)