

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-09-2003 90096 007 ***150.00

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

DOCUMENT # P01000059107

1. Entity Name

HITT THE SPOT PAINTING, INC.



Principal Place of Business

2328 BRITANNIA RD
SARASOTA FL 34231

Mailing Address

2328 BRITANNIA RD
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1118032

Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LANGDON, ALLEN E PLD
125 FIRST AVENUE
NOKOMIS FL 34275

7. Name and Address of New Registered Agent

Name RE JANGER CPA

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

411 COMMERCIAL CT SUITE D

City VENICE

FL

Zip Code

34292

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 not needed when re-registering)

4/22/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$850.00

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	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
DP	HITT, MICHAEL J	2328 BRITANNIA RD	SARASOTA FL 34231	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐</td> <td>☐</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐	☐
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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 Hitt president

4/22/03

928 3356

Signature and Title or Printed Name of Signing Officer on Section

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CREEDM (10/02)