

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-24-2003 90211 036 ***150.00

DOCUMENT # P01000070050

1. Entity Name
RICHIE PAINTING & PRESSURE CLEANING, INC.



55039785

Principal Place of Business
3101 NW 47 TERR #320
FORT LAUDERDALE FL 33319

Mailing Address
3101 NW 47 TERR#320
FORT LAUDERDALE FL 33319

2. Principal Place of Business
3101 NW 47 Terr #320

3. Mailing Address
3101 NW 47 Terr #320

Suite, Apt. #, etc. #320

City & State
Lauderdale Lks Fl.

City & State
Lauderdale Lks Fl.

Zip
33319

Country
USA

Zip
33319

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1121967

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLACKWOOD, RICHIE
3101 NW 47 TERR #320
FORT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent
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 date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	D BLACKWOOD, RICHARD 3101 NW 47 TERR #320 FORT LAUDERDALE FL 33319 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Richard A Blackwood* 5/7/03 954-675-1392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (10/02)