

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91427 044 ***150.00

0060163 AV

DOCUMENT # P01000101155

1. Entity Name
OL SOUTH PAINTING INC.



Principal Place of Business
**935 SOUTH PEARL
CRESTVIEW FL 32539**

Mailing Address
**935 SOUTH PEARL
CRESTVIEW FL 32539**



2. Principal Place of Business
935 S. Pearl St
Suite, Apt. #, etc.

3. Mailing Address
935 S. Pearl St.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Crestview, FL
Zip
32539
Country
USA

City & State
Crestview, FL
Zip
32539
Country
U.S.A

4. FEI Number
59-3749882

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**STEWART, PATTI
218 STILLWELL BLVD
CRESTVIEW FL 32539**

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 _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	DORION, CAROLYN	
STREET ADDRESS	935 S PEARL	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE	V	<input type="checkbox"/> Delete
NAME	CHAMNISS, TINA	
STREET ADDRESS	1003 AL GILLMAN RD	
CITY-ST-ZIP	MILLIGAN FL 32536	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEWART, PATTI	
STREET ADDRESS	218 STILLWELL	
CITY-ST-ZIP	CRESTVIEW FL 32539	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Patti Stewart** **4-30-03** **850-423-0515**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)