2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2003 8:00 am Secretary of State

DOCUMENT # P01000104647 1. Entity Name AARDVARK PAINTING & DECORATING, INC.									1 41 y 03 90396 (
Principal Place of Business Mailing Address 9118 O'NEAL AVE 9118 O'NEAL AVE NEW PORT RICHEY, FL 34654 NEW PORT RICHEY, FL 34654								-	25151 Nàil 20 11	i sisis krill	t Diku saát (SSS	II.
2. Principal P	Tace of Busin	n e ss	3. Mailing Address									
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES						_
City & State			City & State			4. FEI Number 59-3749037				Applied For Not Applicable		
Žip	Country		Zip Coun		ntry	5. Certificate of Status D		us Desired		8.75 Add ee Require		
	Name	7. Nam	e and Addre	es of New R	legistered Ac	ent		}				
SPIEGEL & 1840 SW 22 4TH FLOOR	. P.A.	• •		Street Address (I	P.O. Box	Number is No	t Acceptable))			1	
MIAMI, FL (3314b				City				FL	Zip Cod	le	-
			the purpose of changing its	register	ed office or register	red agent,	or both, in th	e State of Fid		l miliar with,	and accept	1
the obligations of registered agent.												
SIGNATURE		dor primed name of Majimena agent a	nd tida il applicable. (NOTE	- Angister	ki Agentsignatum mispired	when minsu	ting)		QATE]
Mail: 0763	Hoy . 10 Payabat	iii ijija is diggad O3 Fes will be \$580.00 o Florida Department o	f Stale				9. Election C Trust Fund	ampaign Fin Contributio			0 May Be d to Fees	
ik_		OFFICERS AND I	DIRECTORS	11.		ADDIT	IONS/CHAN	GES TO OFF	ICERS AND D	HECTOR	S IN 11	₫.
TITLE NAME STREET ADDRESS CITY-ST-ZP	9118 O'NI	GERALDINE J EAL AVE RT RICHEY, FL 34664	☐ Deiete						į	Change	Addition	SUJUL CAUCUS
TITLE	VD	KI KICHET, FL 34604	☐ Delete	TITL					i	Change	☐ Addition	
NAME STREET ADDRESS	9118 O'NI				BET ADORESS							
CITY-ST-ZP	NEW POR	RT RICHEY, FL 34654		CAY	'-ST-ZIP					Change	☐ Addition	-
NAME STREET ADDRESS CITY-ST-ZIP	WRIGHT, 9118 O'N	DEBORAH A EAL AVE RT RICHEY, FL 34654	□ Delete	NAM STR					1	பெறை		
TITLE		THE PARTY OF THE P	- Delete	TITL Nam Stri	E		<u></u>			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZP		·····	☐ Delete	TITL NAM STRI	E				<u> </u>	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2P			□ Delete		,				1	□ Change	☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3\(\)1). 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 life empowered.												
SIGNAT	URE:	Dolly 1	W.	Bob	by I W)RIG	HT 4	29-63	727-	8 ଏ	7326	