

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90328 024 ***550.00

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AV

DOCUMENT # P01000109691

1. Entity Name
THE BEAUTY OF PAINT, INC.



Principal Place of Business
**4782 EUROPA DR.
NAPLES FL 34105**

Mailing Address
**4782 EUROPA DR.
NAPLES FL 34105**



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 **52-2362548**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEHRI, SHELLI A
4782 EUROPA DR.
NAPLES FL 34105**

Name

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

4635 NAVASSA Lane

City

Naples FL 34119

FL

Zip Code

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

Shelli Mehri
SHELLI MEHRI

Signature, typed or printed name of registered agent and title 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 **PD** ☐ Delete
NAME **MEHRI, SHELLI A**
STREET ADDRESS **4782 EUROPA DR.**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **Secretary** ☐ Change ☒ Addition
NAME **Conigliaro, Patricia**
STREET ADDRESS **4796 GANYMEDE CT Naples FL 34105**
CITY-ST-ZIP **34105**

TITLE **VP** ☒ Delete
NAME **CONIGLIARO, PATRICIA**
STREET ADDRESS **4796 GANYMEDE CT**
CITY-ST-ZIP **NAPLES FL 34105**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☒ Delete
NAME **SELLERS, DARIN**
STREET ADDRESS **1800 42ND TER SW**
CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **CONIGLIARO, PHYLLIS**
STREET ADDRESS **3270 BERMUDA ISLE**
CITY-ST-ZIP **NAPLES FL 34109**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **SELLERS, DARIN**
STREET ADDRESS **1800 42ND TER SW Naples FL 34116**
CITY-ST-ZIP **34116**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **Conigliaro, Patricia**
STREET ADDRESS **4796 GANYMEDE CT Naples FL 34105**
CITY-ST-ZIP **34105**

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:

Shelli Mehri
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/03
Date

Daytime Phone #

CR2E034 (10/02)