FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02 00000949

1. Entity Name

JOZEF'S PAINTING, INC.

SIGNATURE:



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90175 011 ***150.00

	DO N	OT WRITE	i						
2. Principal P	lace of Busin	ess	3. Mailing Address			ACTION SHEET			
	XTON		P.O. BOX 350892						
Suite, Apt.	<u> </u>		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e	<u>-</u>	City & State				4. FEI Number		Applied For
PALM COAST, FLORIDA			PALM COAST, FL			04-359349C		Not Applicable	
32137	,	Country FLAGLER	32135-0892	FLAC	SLER		5. Certificate of Status Desired		8.75 Additional ee Required
					Mana		7. Name and Address of Current	Registered	Agent
	AIT-		Name Donald W. Duncan PA						
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)				
	l II	V THIS SP	ACE		210	ld	Kinas Road Si	uite.	B-110
					City	1.00	Cast	FI	Zip Code
9 Tho choug	nomed ontit	cubmits this statement fo	the purpose of changing its	registere	d office or	registers	ad agent, or both, in the State of Flo	rida Lamfa	miliar with and accept
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 colligations of registered agent.									
SIGNATURE Signature speed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DOW ALD W. DUWCAW 4/15/D3 DATE									
	After May 1 Amended	y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 Florida Department of	State		-		Election Campaign Fin Trust Fund Contribution		\$5.00 May Be Added to Fees
10.		OFFICERS AND	DIRECTORS	Wash o	Vancture E. of C		Allanda erda manenen enge propian er milina sena erd	ang Andrews A	
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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 on an attachment with an address; with all other like empowered.									

Melvela Alle GABRIELA UHLAR UP. 4/15/03
ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR