2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

P02000008125

COLEMAN & CONNERS PAINTING, INC.



FILED Jan 23, 2003 8:00 am Secretary of State 01-23-2003 90129 025 ***150.00

Suffo. Apt. #, etc. Suffo. Apt. #, etc. CHECK HERE IF MAXING CHANGES City & State Check HERE IF MAXING CHANGES Applicable For Zip Country Zip Country S. Certificate of Status Desired Applicable For Xix Applicable S. Name and Address of Current Registered Agent Name COLEMAN, CHESTER State	Principal Place of Business 7954 JEFFREY AVENUE NORTH PORT FL 34287		Mailing Address 7954 JEFFREY AVENUE NORTH PORT FL 34287						
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Name Name Street Auditors Street Auditors Name	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State OPPOCESS AND DIRECTORS ONTH-ST-2P ONORTH-PORT FL 34287 INTEL OCUMAN, CHESTER ORDINATION ONORTH-PORT FL 34287 INTEL OCUMAN, CHESTER ORDINATION OCUMAN, CHESTER ORDINATION OCUMAN, CHESTER ORDINATION OCUMAN, CHESTER ORDINATION ORDINATION OCUMAN, CHESTER OCUMAN, CHES									
NORTH PORT FL 34287 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the polygonian or registered agent, or both, in the State of Florida. I am familiar with, and accept the polygonian required agent and side Associated agent and side Assoc			Street Address		ess (P.O. Bo	(P.O. Box Number is Not Acceptable)			
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 policy gallors of registered agent. SIGNATURE Signature Signatu	NORTH P	ORT FL 34287							
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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 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 appraise, with all other like empowered.

SIGNATURE:

Daytime Phone #