

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-18-2003 90442 044 \*\*\*158.75

<b>DOCUMENT # P02000015178</b>			
<b>1. Entity Name</b> FLORIDA SERVICE PAINTING, INC.			
<b>Principal Place of Business</b> 938 MILDRED DRIVE FORT MYERS FL 33901		<b>Mailing Address</b> 938 MILDRED DRIVE FORT MYERS FL 33901	
<b>2. Principal Place of Business</b> 93 B Mildred Drive		<b>3. Mailing Address</b> 93 B Mildred Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>4. FEI Number</b> 74-3030989		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WINESETT, RICHARD W 2248 FIRST STREET FORT MYERS FL 33901		<b>7. Name and Address of New Registered Agent</b> Name <u>Gary L. Johnson</u> Street Address (P.O. Box Number is Not Acceptable) <u>93 B Mildred Drive</u> City <u>Fort Myers</u> <u>FL</u> Zip Code <u>33901</u>	
<b>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.</b> SIGNATURE <u>Hugh Johnson</u> DATE <u>4/15/03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>JOHNSON, GARY L</u> STREET ADDRESS <u>1738 WHISKEY CREEK DRIVE</u> CITY-ST-ZIP <u>FORT MYERS FL 33919</u>	TITLE <u>P/T</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>KELLY, KENNETH L</u> STREET ADDRESS <u>18178 BRAZIL AVENUE</u> CITY-ST-ZIP <u>ORT CHARLOTTE FL 33498</u>	TITLE <u>V</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u>D</u> <input type="checkbox"/> Delete NAME <u>HOPKINS, LINDA D</u> STREET ADDRESS <u>3355 SAND ROAD</u> CITY-ST-ZIP <u>CAPE CORAL FL 33993</u>	TITLE <u>V/S</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u></u> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u></u> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <u></u> <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <u></u> <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
<b>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.</b>			
SIGNATURE <u>Linda D Hopkins</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>4/15/03</u> DAYTIME PHONE # <u>239-939-7622</u>	

CR2034 (10/02)