

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90167 029 ***150.00

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DOCUMENT # P02000031343

1. Entity Name
PAINT & INTERIOR PROTECTION SYSTEMS, INC.



Principal Place of Business
9125 SW 77 AVE #1-106
MIAMI FL 33156

Mailing Address
9125 SW 77 AVE #1-106
MIAMI FL 33156

2. Principal Place of Business

9125 S.W 77 AVE

Suite, Apt. #, etc.

A-106

City & State
MIAMI FL

Zip 33156 Country USA/DADE

3. Mailing Address

9125 S.W 77 AVE

Suite, Apt. #, etc.

A-106

City & State
MIAMI FL

Zip 33156 Country USA/DADE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
03-0435889

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINGLE, CLEVELAND
9125 SW 77 AVE #1-106
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

TITLE DPVS
NAME PRINGLE, CLEVELAND
STREET ADDRESS 9125 SW 77 AVE #1-106
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE T
NAME PRINGLE, CLEVELAND
STREET ADDRESS 9125 SW 77 AVE #1-106
CITY-ST-ZIP MIAMI FL 33156 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPVS
NAME Pringle, Cleveland
STREET ADDRESS 9125 S.W 77 A-106
CITY-ST-ZIP MIAMI FL 33156 ☒ Change ☐ Addition

TITLE T
NAME Pringle, Cleveland
STREET ADDRESS 9125 S.W 77 A-106
CITY-ST-ZIP MIAMI FL 33156 ☒ Change ☐ Addition

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CLEVELAND PRINGLE 3/12/03 (305) 968-8000

Date

Daytime Phone #

CR2E034 (10/02)