FILED

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 16, 2003 8:00 am Secretary of State P02000038699 DOCUMENT # 04-16-2003 90123 045 \*\*\*158.75 1. Entity Name J. WILLIAMS PAINTING, INC. Principal Place of Business Mailing Address 3241 ARTHUR STREET 3241 ARTHUR STREET HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 3. Mailing Address 132nd 16373 132 nd TERRACE 16373 CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Jupiter B2-05-38606 Not Applicable Jusiter Country Country \$8.75 Additional 5. Certificate of Status Desired 33478 Fee Required 33478 USA. U.SA. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILLIAMS, JEFFREY M Street Address (P.O. Box Number is Not Acceptable) 3241 ARTHUR STREET HOLLYWOOD FL 33021 City 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 \$5.00 May Be Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition NAME WILLIAMS, JEFFREY M NAME Williams , JEFFREY M 3241 ARTHUR STREET STREET ADDRESS STREET ADDRESS 16373 132Nd TENERGE NORTH HOLLYWOOD FL 33021 CITY-ST-ZIP CITY-ST-ZIP JUPITER, FL. 33478 ☐ Change TITLE Deleté TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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