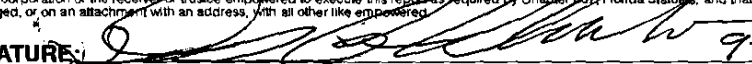


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # P02000051243			
1. Entity Name SPRAYTEK INDUSTRIES, INC.			
Principal Place of Business 9036 EAST HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418 1200 OLD DIXIE HWY SUITE #5 LAKE PARK FL 33403		REINSTATEMENT 03 	
2. Principal Place of Business 1200 Old Dixie Highway Suite, Apt. #, etc. #5			
3. Mailing Address 1200 Old Dixie Highway Suite, Apt. #, etc. #5		☒ CHECK HERE IF MAKING CHANGES	
City & State Lake Park, FL			
City & State Lake Park, FL		4. FEL Number 03-0438514	
Zip 33403			
Country Palm Beach		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Country Palm Beach			
6. Name and Address of Current Registered Agent DELGADO, SANTIAGO JR 9036 EAST HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418 1200 OLD DIXIE HWY SUITE #5 LAKE PARK FL 33403		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 the registered agent. SIGNATURE  DATE 9-12-03 (NOTE: Registered Agent Signature required when withdrawing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$61.25 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DELGADO, SANTIAGO JR PRES 9036 EAST HIGHLAND PINES BLVD. PALM BEACH GARDENS, FL 33418 1200 OLD DIXIE HWY SUITE #5 LAKE PARK FL 33403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DENNIS COLOMBI 86 Sparrow Court Royal Palm Beach, FL 33411 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 14507(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplement report is true and accurate and that my signature shall have the same legal effect and 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 689, 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  DATE 9-12-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

9-22-03
CK#1566
\$500.00

CR20034

550.00

8/10/20