

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90599 031 ***150.00

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1. Entity Name
ADVANTAGE PAINTING ENTERPRISES, INC.



Principal Place of Business
**1800 CHARLESMONT DRIVE #102
INDIALANTIC FL 32903**

Mailing Address
**1800 CHARLESMONT DRIVE #102
INDIALANTIC FL 32903**

6005 N Wickam Rd

2. Principal Place of Business
6005 N Wickam Rd

3. Mailing Address
361 Avenida Del la Vista

Suite, Apt. #, etc.
K-15

Suite, Apt. #, etc.

City & State
Melbourne FL

City & State
INDIALANTIC, FL

4. FEI Number
74-3046339

Applied For
Not Applicable

Zip Country
32940 USA

Zip Country
32903 USA

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

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SOMNITZ, RANDY
1800 CHARLESMONT DRIVE #102
INDIALANTIC FL 32903**

7. Name and Address of New Registered Agent

Name **Somnitz, Randy**
Street Address (P.O. Box Number is Not Acceptable) **# 361 Avenida Del la Vista**
City **INDIALANTIC, FL** Zip Code **32903**

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 re-instating)

2-26-03
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 **D** ☐ Delete
NAME **SOMNITZ, RANDY**
STREET ADDRESS **1800 CHARLESMONT DRIVE #102**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE **D** ☐ Delete
NAME **MCLAUGHLIN, JAMIE**
STREET ADDRESS **1800 CHARLESMONT DRIVE #102**
CITY-ST-ZIP **INDIALANTIC FL 32903**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V. Pres** ☒ Change ☐ Addition
NAME **Randy Somnitz**
STREET ADDRESS **361 Avenida Del la Vista**
CITY-ST-ZIP **Indialantic, FL 32903**

TITLE **President** ☒ Change ☐ Addition
NAME **Mclaughlin Jamie**
STREET ADDRESS **1007 Pelican Ln. Rockledge FL**
CITY-ST-ZIP **32955**

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

4/26/03 195-5683

CR2E034 (10/02)