

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90413 049 ***150.00

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DOCUMENT # P02000056315

1. Entity Name
PRECISE PAINTING & DRYWALL, INC.



Principal Place of Business
3617 CROWN POINT RD STE #1
JACKSONVILLE FL 32257

Mailing Address
3617 CROWN POINT RD STE #1
JACKSONVILLE FL 32257



2. Principal Place of Business
Suite, Apt. #, etc. *Suite #2*
City & State *Jacksonville, FL*
Zip *32241* Country *USA*

3. Mailing Address
P.O. Box 24668
Suite, Apt. #, etc.
City & State *Jacksonville, FL*
Zip *32241* Country *USA*

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
HERNANDEZ, MEREDITH A
3617 CROWN POINT RD STE #1
JACKSONVILLE FL 32257

4. FEI Number
42-1538354

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite #2
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 *Meredith A Hernandez* DATE *2/6/03*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SMITH, EDWARD J P.O BOX 24668 JACKSONVILLE FL 32241-4668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** *4/29/03 288-8999*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)