2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

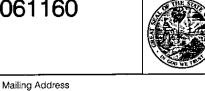
6880 CURRY CIRCLE

P02000061160 **DOCUMENT#**

1. Entity Name

G&A PRIDE PAINTING, INC.

Principal Place of Business 6880 CURRY CIRCLE



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90182 040 ***150.00

MARGATE FL 33068			MAR	MARGATE FL 33058									
2. Principal Place of Business				3. Mailing Address				1		 	## #### ##### #	1111 48 11 1 08 1	
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State				City & State			4	FEI Number	1432146	<u> </u>		plied For t Applicable	
Zip	Country				Count	Country		Certificate of S		\$	8.75 Add	litional	
	and Address of Curre	nt Register		7. Name and Address of New Registered Agent									
						Name						•	
TAX HOUS 3929 N FE							Street Address (P.O. Box Number is Not Acceptable)						
POMPANO			MITATE .			<u>-</u>			<u></u>				
						City FL Zip					Zip Code	€	
8. The above	named entit	y submits this statemen	it for the pur	pose of changing its	 registere	ed office or	registered :	agent, or both, in	the State of Florida	. Lam fa	ımiliar with,	and accept	
	ons of regist		, ,		•							* 4D	
SIGNATURE _													
	Signature, typed	or printed name of registered ag	gent and title if ap	plicable. (NOTE	Registered	Agent signat	are required whe	on 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									n Campaign Financi und Contribution.	ing 🔲		0 May Be I to Fees	
10.		OFFICERS A	ND DIRECTO	DRS	11.			ADDITIONS/CH	ANGES TO OFFICE	RS AND	DIRECTORS	3 IN 11	
	PTD	·-		☐ Delete	TITLE						☐ Change	☐ Addition	
NAME	GIL, CLEU				NAM							*	
	6880 CURRY CIRCLE MARGATE FL 33068					et address -st-zip						·	
CITY-ST-ZIP	MAHGATE	FL 33068			_		11.16	PRESIDE			☐ Change	Addition	
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STREET ADDRESS CITY-ST-ZIP	ō					-ST-ZIP						•	
	ertify that th	e information supplied	with this filing	g does not qualify for	r the exe	mption sta	ted in Section	on 119.07(3)(i), F	Torida Statutes. I fur	ther cert	ify that the i	nformation 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.

President

01-16-03