2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P02000061249

1. Entity Name

RLS PAINTING, INC.



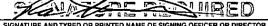
FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91375 041 ***150.00

					N. W.			
Principal Place of Business 9938 ARNOLD RD JACKSONVILLE FL 32246		Mailing Address 9938 ARNOLD RD JACKSONVILLE FL 32246						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES	
City & State		City & State				- 4.	FEI Number Applied For Not Applicable -	
—Zip———— Country		Zip	Zip Countr		у	5.	Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Register	ed Agent			7.	Name and Address of New Registered Agent	
					Name			
Stoneberger, roger L 9938 Arnold RD			Street Address			dress (P.O. I	Box Number is Not Acceptable)	
JACKSON	VILLE FL 32246 🐰							
š*.	ì				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								
			F					
FILE NOW!!! FEE S \$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 Trust Fund Contribution.		
10.	- OFFICERS AND	DIRECTO	I DRS	11.		Al	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP .		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME	STONEBERGER, ROGER L			NAME				
STREET ADDRESS	9938 ARNOLD RD			9	T ADDRESS		ļ	
CITY-ST-ZIP	JACKSONVILLE FL 32246			CITY-S	ST-ZIP			
TITLE	DVST		☐ Delete	TITLE			☐ Change ☐ Addition ☐	
NAME STREET ADDRESS	KERSY, CRYSTAL 9938 ARNOLD RD			NAME	T ADDRESS			
*CITY-ST-ZIP	JACKSONVILLE FL 32246				ST=ZIP=====			
TITLE	O TOTO O TITLE I I OLE TO		Delete	TITLE			☐ Change ☐ Addition	
NAME			LJ Boloto	NAME				
STREET ADDRESS				STREET	T ADDRESS			
CITY-ST-ZIP				CITY-S	ST-ZIP			
TITLE	•		☐ Delete	TITLE	į		☐ Change ☐ Addition	
NAME				NAME				
STREET ADDRESS CITY-ST-ZIP				CITY-S	T ADDRESS ST-ZIP			
TITLE	<u> </u>		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			5010A\$	NAME				
STREET ADDRESS				STREET	T ADDRESS			
CITY-ST-ZIP			<u></u>	CITY-S	ST-ZIP			
TITLE			☐ Delete	TITLE	T		☐ Change ☐ Addition	
NAME				NAME	T ADDDCCC			
STREET ADDRESS CITY-ST-ZIP				CITY-S	T ADDRESS			
UIT-31-71L				6111-8)1-71L			

12. I hereby certify that the information supplied with this filling 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:



4-24-03

707-125