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

DOCUMENT	#	P02000	064277
DOCCIVILIAI	17	F 02000	1004211

1. Entity Name

AFTER HOURS PAINTING, INC.



**FILED** Feb 24, 2003 8:00 am Secretary of State 02-24-2003 90213 042 \*\*\*150.00

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			100					
Principal Place of 201 FIFTIETH STRI ST. PETERSBURG	T S 201 FIFTIETH STREET S				,			
2. Principal Place	of Business	3. Mailing Address						
	AVENUE, NORTH	6121 40th AVE	6121 40th AVENUE, NORTH				10011 (88) 1001	
Suite, Apt. #, e	tc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
ST. PETERS	BURG, FL	ST. PETERSBURG, FL			000/55700		Applied For	
-33709	Country PINELIAS	≃=33709:=	Country =P-INELLA	\S	5. Certificate of Status Desired	\$8.75 Ac	ditional	
6	. Name and Address of Current	Registered Agent			7. Name and Address of New Reg		60	
SPIEGEL & UT 1840 SW 22NI 4TH FLOOR MIAMI FL 3314	O ST		Stre	NOLAN J. eet Address (F 5121 40t	GOINS O Box Number is Not Acceptable O AVENUE NORTH	F1 Zip Coc	I	
SIGNATURE Signal	of registered agent.  Jure, typed or printed name of registered agent.  NOW!!!! FEE IS \$150.00  y 1, 2003. Fee will be \$550.00  rable to Florida Department of	and title if applicable. (NOTE:	NOLAN J	. GOINS	PRES  Pres	DATE \$5.0	and accept   O May Be d to Fees	
10.	OFFICERS AND		11.					
STREET ADDRESS 201		Delete	TITLE NAME STREET ADDRE	SS 6121	J. GOINS 40th AVENUE, NORTH	™ <b>X</b> Change	S IN 11	
TITLE NAME STREET ADDRESS CITY_ST_ZIP		☐ Delete	TITLE NAME STREET ADORE	ess	PETERSBURG, FL. 337	CO9 Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRE CITY-ST-ZIP			☐ Change	Addition	
IITLE VAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		☐ Change	Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP		□ Oelete	TITLE NAME STREET ADDRES CITY-ST-ZIP	SS		☐ Change	Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP  2. I hereby certify t	hat the information supplied with t	Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		on 119.07(3)(i). Florida Statutes - Liur	☐ Change	Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MREMOLAN J. GOINS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR