2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Sep 19, 2003 8:00 am Secretary of State

9/5/

1. Entity Nan	IMENT # E PAINTING		200006	5703	\			09-05-2		1 005 **	**550.00	
Principal Place of Business 2429 TIMBER VIEW DR 2429 TIMBER VIEW DR NEW SMYRNA BCH FL 32168 Mailing Address 2429 TIMBER VIEW DR NEW SMYRNA BCH FL 32168												
2. Principal Place of Business				3. Mailing Address					;um estrigen	ายท่อนการะถ่า	ana ili iaa	j
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE	IF MAKING	CHANGES	3	
City & State				City & State				4. FEI Nymber Applied For OY-3682263 Not Applied For				7
Zip Country			Zip		Coun	itry	5. (Certificate of Status Desired		\$8.75 Ad Fee Require	Iditional	
			urrent Register	ed Agent			7. N	Name and Address of New R	egistered A	gent]
			- 		ا مستهدد جد	-Name		الله المستخدم المنهاد المنيس المنهاد المناسبة	پوسي≎سڪدي.	ند تا با ≡ ب	- ~	}
BALDUF, RONALD J						Street Address (P.O. Box Number is Not Acceptable)						1
2429 TIME	BER VIEW DR					Circuividares			, 			1
NEW SMYRNA BCH FL 32168]						1
						City				Zip Cod	de	1
						l		· 	FL			1
			ment for the purp	ose of changing its	s register	ed office or regis	tered age	ent, or both, in the State of Flo	rida. I am f	amiliar with	, and accept	
uie opiigai	tions of registere	od agent.										1
SIGNATURE		- * · · · · · · · · · · · · · · · · · ·										1
	Signature, typed or r	binfadiname of registe	red agent and title if app	plicable. (NOI	TE: Registere	d Agent signature requi	ited when re	sinstating)	DATE			1
· F	ILE NOW!!!	FEE IS \$550.	00	[h Clastica Compaign Fo		6 E (NA	
After September 10, 2003 Fee will be \$750.00						•		 S. Election Campaign Fire Trust Fund Contribution 			DO May Be d to Fees	1
Make Check	k Payable to F	iorida Departr	nent of State	·				Irost rang Contribution	·	AUUS	U 10 F803	1
10		OFFICE	S AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFF	CERS AND	DIRECTOR	1S IN 11	1 _
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NAME	BALDUF, RO				NAM	E .						13
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NAME	THOMPSON,				NAM	E						
	801 GROVE	AVE				ET ADDRESS						1
CITY-SI-ZIP	HOLLY HILL	FL 32117			CITY	-ST-ZIP]
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indicated of the cor changed,	on this report of the poration or the poration or the poration or the poration of the poration and attach	r supplemental receiver or truste	eport is true and e empowered to dress, with all oth	accurate and that recute this report er like empowered	my signat ny signat . as requir	ure shall have the ed by Chapter 6	e same le 07. Florid	i 19.07(3)(i), Florida Statutes. I egai effect as if made under o da Statutes; and that my name	ath; that I ar appears in	n an officer Block 10 o	or director r Block 11 if	