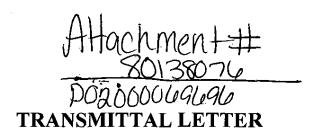
FILED Aug 13, 2003 8:00 am Secretary of State 08-13-2003 90073 025 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069696 1. Entity Name CENTRAL FLORIDA PROFESSIONAL PAINTING, INC.										08-1	13-2003	3 900/3	023 ****	*150.00		
Principal Place of Business 36720 N THRILL HILL RD. EUSTIS, FL 32736 Mailing Address 36720 N THRILL HILL RD. EUSTIS, FL 32736															_	
2. Principal Place of Business				3. Mailing Address												
Suite, Apt. #, etc.				Suite, Apt. #, etc.						CHECK	HERE IF	MAKING (_	
City & State				City &	State 					0461384				Applied For Not Applicable		
Zip				Zip		Coun	Iry							68.75 Additional ————————————————————————————————————		
CONED 140		and Address of		Name	7. N	vame and A	ddress of	New He	gistered A	gent		┪.				
CONER, W 36720 N TH EUSTIS, FL	RILL HILL				Street Address (P.O. Box Number is Not Acceptable)								_			
							City			<u>.</u>		FL	Zip Co	de	-	
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.															7	
SIGNATURE .	Signature, types	or printed name of sept	ne inega benega	dúlla í applica	ble. (NOTI	: Registere	d Agentsignature require	aci whan re	instating)			DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State							<u></u>			ion Camp Fund Cor				00 May Be ad to Fees		
10.	I	OFFICE	RS AND D	IRECTORS		11.		AD	DITIONS/CI	HANGES	TO OFFIC] ₂₂	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		WENDALL HRILL HILL RI) .		☐ Delete	1	4						∏ Change	☐ Addition	ORZE034 (10/02)	
TITLE					☐ Delete	TITLE	-						☐ Change	Addition	- ES	
NAME STREET ADDRESS CITY-ST-2P						STRE	ET ADDRESS -ST-ZIP		·	_				<u></u>		
TITLE NAME STREET ADDRESS	•.1	· •		langur Magarin	☐ Delete	TITLE Nami Stre	1						□ Change	Addition	, 	
CITY-ST-ZIP TITLE NAME					☐ Delete	TITLE NAME	l l				_		☐ Change	Addition	- - -	
STREET ADDRESS CITY+ST-ZP						STRE	ET ADDRESS -ST-2iP	_					<u> </u>			
NAME STREET ADDRESS CITY-ST-ZP					Delete	1							□ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-2P					☐ Delete	19	ET ADDRÉSS						Change	Addition		
12. I hereby of indicated of the cor	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 is rue 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.														-	
SIGNAT	URE:	SIGNATURE AND	TYPED OR PH	NTED NAME C	OF SIGNING OFFICER	OR DIRECT	OR		<u>C</u>	Cana /	<u>O</u> }	<u></u>	rime Phone #	12 V547		



Corp. Annual Reports & Reinstatements Division of Corporations P O BOX 6327 Tallahassee, FL 32314

SUBJECT:

CENTRAL FLORIDA PROFESSIONAL PAINTING, INC.

Dear Sir or Madam:

Please find enclosed for filing the current year Uniform Business Report. Enclosed is a check in the amount of \$150.00 made payable to: Florida Department of State for the filing fee. The original form was never mailed or received. Please do not charge a late filing fee. My address has changed as shown below. Please send all future correspondence to this new address.

Yours Sincerely,

Please return to:

CENTRAL FLORIDA PROFESSIONAL PAINTING, INC.

179 CASSIDY STREET UMATILLA FL 32784