



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)**

<b>DOCUMENT # P02000069696</b>					
1. Entity Name <b>CENTRAL FLORIDA PROFESSIONAL PAINTING, INC.</b>					
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.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>03-0461384</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CONER, WENDALL 36720 N THRILL HILL RD. EUSTIS, FL 32736</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$650.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CONNER, WENDALL 36720 N THRILL HILL RD. EUSTIS, FL 32736	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: 			8/8/03 352-662-1577		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Case Daytime Phone #		

CR2E034 (10/02)

Attachment #  
80138076  
DO2000069696  
**TRANSMITTAL LETTER**

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

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**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