

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 03, 2003 8:00 am**  
**Secretary of State**

04-03-2003 90188 029 \*\*\*150.00

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**DOCUMENT # P02000076577**

1. Entity Name  
**ALL DAVIE PAINT & BODY, INC.**



Principal Place of Business  
**5731 SW 38TH STREET  
DAVIE FL 33314**

Mailing Address  
**5731 SW 38TH STREET  
DAVIE FL 33314**



2. Principal Place of Business  
**2301 SW 16th Terr**

3. Mailing Address

Suite, Apt. #, etc.  
**# 8**

Suite, Apt. #, etc.

City & State  
**Davie, FL**

City & State

Zip  
**33317**

Country  
**USA**

Zip

Country

CHECK HERE IF MAKING CHANGES

4. FEI Number  
**05-0529098**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**QUALLS, KIMARA  
4714 SW 39TH TERRACE  
FT. LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Not Acceptable)  
**5731 SW 38th Street**

City  
**Davie**

State  
**FL**

Zip  
**33314**

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 **Kimara Qualls** DATE **3/29/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>D</b> <b>VILLANI, LOUIS JR</b> <b>4714 SW 39TH TERRACE</b> <b>FT. LAUDERDALE FL 33312</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>5731 SW 38th St</b> <b>Davie FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T/S</b> <b>Kimara Qualls</b> <b>5731 SW 38th St</b> <b>Davie FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: **Dennis Villani Jr** DATE **3/29/03** (954) 476-0549

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)