

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

5/5

05-05-2003 91391 040 \*\*\*150.00

<b>DOCUMENT #</b> P02000084568 1. Entity Name <b>CITY PAINT, INC.</b>		 00031030	
Principal Place of Business 5786 BEECHWOOD TRAIL FT. MYERS FL 33919		Mailing Address 5786 BEECHWOOD TRAIL FT. MYERS FL 33919	
2. Principal Place of Business 1501 Moreno Ave. Suite, Apt. #, etc. 1501 City & State Ft Myers Fl.		3. Mailing Address 1501 Moreno Ave Ft. Myers Fla. Suite, Apt. #, etc. City & State Zip 33901 Country Lee FL	
4. FEL Number 04-3707375		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
6. Name and Address of Current Registered Agent INGOLE, GARY 5786 BEECHWOOD TRAIL FT. MYERS FL 33919		7. Name and Address of New Registered Agent Name GARY TINGOLE Street Address (P.O. Box Number is Not Acceptable) 1501 Moreno Ave. City Ft Myers FL Zip Code 33901	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4-28-03 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO INGOLE, GARY LEE 5786 BEECHWOOD TRAIL FT. MYERS FL 33919	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		DATE: 4-28-03 239-340-6066	

CR2004 (10/02)