2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Jun 27, 2003 8:00 am Secretary of State

5/19

DOCUMENT # P02000092608 1. Entity Name ED TOWNSLEY PAINTING, INC. Principal Place of Business 2272 KENYA LANE PUNTA GORDA FL 33983 NO Mailing Address POST OFFICE BOX 510018 PUNTA GORDA FL 33981 NO				05-19-2003 90201 040 ***150.0)O
				55050069	
2. Principal f	Place of Business	3. Mailing Address		The second secon	ľ
Suite, Apt. #, etc. Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & State City & State			4. FE Number 06.39741 Applied Fo		
Zip	Country	Zip	Country	5. Certificate of Status Desired	
	@ Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
TOVALOUE	TOWARD D	للمعاص المراجعة للسام للسابد	Name	A CONTRACTOR OF THE PROPERTY O	
t .	EY, EDWARD B		Street Addres	s (P.O. Box Number is Not Acceptable)	\neg
2272 KEN					
PUNIA G	ORDA FL 33983		ļ		
ļ			City	FL Zip Code	
	named entity submits this statement fortions of registered agent.	r the purpose of changing It	s registered office or regis	stered agent, or both, in the State of Florida. 1 am familiar with, and acce	pt
SIGNATURE .	Signature, typed or printed name of registered agent is	ng utie il applicable. (NO	TE: Registered Agent signature requ	ared when reinstating) DATE	
	ILE NOW!!! FEE IS \$150.00				
After	May 1, 2003 Fee will be \$550.00			Selection Campaign Financing \$5.00 May B Trust Fund Contribution. Added to Fees	æ
Make Check	Payable to Florida Department of	State		Model to Lees	أ
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	\Box_{\sim}
TITLE NAME	PRESIDENT	C Delete	TITLE	☐ Change ☐ Addid	SR2E034 (10/02)
STREET ADDRESS	Edward Townsley 2272 KENYALN PONTA GORDA FL		NAME STREET ADDRESS		15
CITY-ST-ZIP	LESTS KENYALN	22 682	CITY-ST-ZIP		8
TITLE	TONTAGOISTA	☐ Deiete	TITLE	☐ Change ☐ Addit	
NAME			NAME		O
STREET ADDRESS)		STREET ADORESS		}
CITY-ST-ZIP			CITY-ST-ZIP		
TIFLE		☐ Delete	TITLE	☐ Change ☐ Addit	ion ==
STREET ADDRESS			STREET ADDRESS	•	Ì
CITY-ST-ZIP	, i		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Change Additi	tion
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		- 1
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE	Change Additi	ion
STREET ADDRESS			STREET ADDRESS		}
CITY-ST-ZIP	•		CITY-S1-ZIP		Ì
TITLE		☐ Delete	TILE	☐ Change ☐ Additi	ion
NAME			NAME	ħ.	
STREET ADDRESS			STREET ADDRESS	≯	}
CITY · SI - ZIP	i		CITY-ST-ZIP		
		o to file and a second		Section 119.07(3)(i), Florida Statutes, I further certify that the information	