


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 15, 2003 8:00 am**  
**Secretary of State**

08-15-2003 90084 048 \*\*\*150.00

DOCUMENT # <b>PO2000107874</b>	
1. Entity Name <b>REYCROFT PAINTING, INC.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>418 SAN SALVADOR DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>418 SAN SALVADOR DR</b> Suite, Apt. #, etc.	
City & State <b>DUNEDIN, FL.</b>		City & State <b>DUNEDIN, FL.</b>	
Zip <b>34698</b>	Country	Zip <b>34698</b>	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>22-3882696</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>DAVID REYCROFT</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>418 SAN SALVADOR DR.</b>	
	City <b>DUNEDIN</b>	FL Zip Code <b>34698</b>

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DAVID REYCROFT 418 SAN SALVADOR DR. DUNEDIN, FL. 34698</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/15/03** **727-510-5616**  
Date Daytime Phone #

CR2E034B (12/02)

Attachment #

80138853

PO2000107874

**REYCROFT PAINTING INC**

418 San Salvador Dr.  
Dunedin, FL 34698  
Phone (727) 510-5616

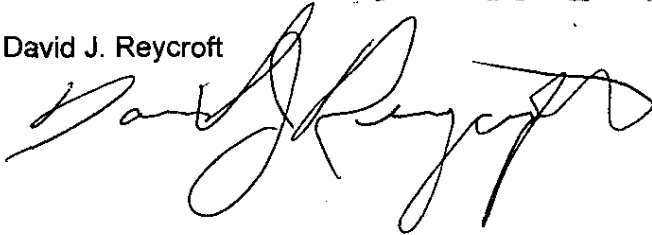
August 13, 2003

To whom it may concern:

The Uniform Business Report was not received.

Sincerely,

David J. Reycroft

A handwritten signature in black ink, appearing to read "David J. Reycroft", written over a horizontal line.