## 2003 UNIFORM BUSINESS REPORT (UBR) May 01, 2003 8:00 am Secretary of State **DOCUMENT# P02000109185** 1. Entity Name 05-01-2003 90975 008 \*\*\*150.00 **DEV AIR PAINTING CENTER, INC.** Mailing Address Principal Place of Business 3804 ST LUCIE BLVD 3804 ST LUCIE BLVD FORT PIERCE, FL 34946 FORT PIERCE, FL 34946 2. Principal Place of Business 3. Mailing Address 5601 NW 15TH AVE. 5601 NW 15TH AVE. Suite Apt.#, etc. Suite. Apt. #. etc. DO NOT WRITE IN THIS SPACE City & State City & Stale 4. FEI Number Applied For FORT LAUDERDALE, FL FORT LAUDERDALE, FL 81-0573782 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33309 USA 33309 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TAX HOUSE CORPORATION TAX HOUSE CORPORATION Street Address (P 0. Box Number is Not Acceptable) 531 E. SAMPLE ROAD 3929 N. FEDERAL HWY POMPANO BEACH FL 33064 Zip Code 33064 **POMPANO BEACH** 8. The above named entity submits this statement for the purpose of changing ite registered office or registered agent, or both, in the State of Florida. 04/28/03 (NOTE:Registere Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition PTD Delete TITLE Change Change RIBEIRO, DEVAIR RIBEIRO, DEVAIR STREET ADDRESS 3804 ST LUCIE BLVD STREET ADDRESS 5801 NW 15TH AVE. CITY- ST- ZIP CITY-ST-ZIP FORT PIERCE, FL 34946 FORT LAUDERDALE, FL 33309 VSD Delete Change Addition TITLE VSD RIBEIRO, ELAINE N RIBEIRO, ELAINE N 3804 ST LUCIE BLVD STREET ADDRESS STREET ADDRESS 5601 NW 15TH AVE. CITY-ST-ZIP CITY-ST-ZIP FORT PIERCE, FL 34946 FORT LAUDERDALE, FL 33309 Change - Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Belefe Change Addition NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP Delete Change Addition RAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3)(1), 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 sport as required by Chapter 607, Florida Statutes, and that my name appears in Block 11 or Block 12 N changed or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

☐ Delete

SIGNATURE:

KAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

04/28/03

Date

Daytime Phone #

Addition

Change