## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an

## **Secretary of State** 05-13-2003 90048 014 \*\*\*550.00 P02000110878 DOCUMENT# 1. Entity Name BATY PAINTING, INC. 22046371 Principal Place of Business Mailing Address 16038 STOKES ROAD 16038 STOKES ROAD MACCLENNY FL 32063 MACCLENNY FL 32063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Numbe Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BISHOP, W. E JR. Street Address (P.O. Box Number is Not Acceptable) 7743 SW S.R. 200 OCALA FL 34476 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 nerre of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President mre -TILLE ☐ Channe ■ Addition Richardo NAME NAME igo 38 Stores iel STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY:ST-ZIP MACCIEDAY FL. 32063 TITLE Vice President ☐ Delete TITLE Change ☐ Addition NAME Vickle V. BATY 14038 STOKES RO MAME STREET ADDRESS STREET ADDRESS COY-ST-7IP MACCIENNI FL. 32063 CITY-S1-7IP becription MILE ☐ Delete TITLE ☐ Change Addition NAME NAME - -STREET ADDRESS STREET ADDRESS 3222 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition ofcoens. Frederick NAME NAME is happare la. STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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