

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90213 045 ***150.00

DOCUMENT # P02000115449

1. Entity Name
SARASOTA SPRAYMASTERS, INC.



Principal Place of Business
~~3325 JOLSON DRIVE~~
~~SARASOTA, FL 34237~~

Mailing Address
~~3325 JOLSON DRIVE~~
~~SARASOTA, FL 34237~~

30104156

2. Principal Place of Business
6336 JARVIS Rd.
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA, FL

City & State

4. FEI Number

☒ Applied For
Not Applicable

Zip
34237

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, SIMON
3325 JOLSON DRIVE
SARASOTA, FL 34237

Name

Street Address (P.O. Box Number Is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **TAYLOR, SIMON**
CITY-ST-ZIP **3325 JOLSON DRIVE**
SARASOTA, FL 34237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **S, T**
STREET ADDRESS **TAYLOR, CINDY**
CITY-ST-ZIP **3325 JOLSON DRIVE**
SARASOTA, FL 34237

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

03/03/03

941 378 0744

DATE

Daytime Phone #

CR2EC34 (10/02)