

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

5/17

05-01-2003 90817 050 ***150.00

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

DOCUMENT # **P02000120852**

1. Entity Name

COLOR BURST PAINTING, INC.



DO NOT WRITE IN THIS SPACE

55043828

2. Principal Place of Business

914 HALLOWELL CR.

Suite, Apt. #, etc.

3. Mailing Address

914 HALLOWELL CR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL.

City & State
ORLANDO FL

4. FEI Number
41-2067866

Applicable for
New Applicants

Zip
32828

County
ORANGE

Zip
32828

County
ORANGE

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name **JULIE GRIFFITHS**

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

914 HALLOWELL CR.

City
ORLANDO

State
FL

Zip Code
32828

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

Julie Griffiths

5-23-03

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
**JULIE GRIFFITHS PRES.
914 HALLOWELL CR.
ORLANDO, FL. 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STEPHEN GRIFFITHS, V.P.
914 HALLOWELL CR.
ORLANDO, FL. 32828**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**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)(a), Florida Statutes. I further certify that this 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 in an attachment with an address, with or without other like empowered.

SIGNATURE:

Julie Griffiths

5-23-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment

~~PO2000120852~~

55043828

MCCRUM and ASSOCIATES
507 SAN SEBASTIAN PRADO
ALTAMONTE SPRINGS, FL. 32714-2236

APRIL 21, 2003

JULIE -

ENCLOSED IS THE UBR FOR 2003 - MAIL THIS WITH YOUR CHECK IN THE
AMOUNT OF \$150.00 PAYABLE TO FLORIDA DEPT. OF STATE.

MAIL TO: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P. O. BOX 1500
TALLAHASSEE, FL. 32302-1500

THIS MUST BE POSTMARKED PRIOR TO MAY 1 OR AN ADDITIONAL FINE OF
\$400 WILL BE LEVIED ON THE COMPANY.

KEEP A COPY FOR YOUR CORPORATE FILES.

REGARDS TO YOU BOTH -



DON P/. MCCRUM, SR.

DPM/ms

encl.