

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90699 005 ***150.00

DOCUMENT # *P03000024763*

1. Entity Name

JoeThe Painter, Inc



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5092 Hibiscus Rd

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Kissimmee FL

City & State

same

4. FEI Number

45 0500835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

34746

Country

Oceania

Zip

same

Country

7. Name and Address of Current Registered Agent

Name

Barbara Soudelier

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

5092 Hibiscus Rd

City

Kissimmee

FL

Zip Code

34746

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: *President*
NAME: *Joe Soudelier*
STREET ADDRESS: *5092 Hibiscus Rd*
CITY - ST - ZIP: *Kissimmee, FL 34746*

TITLE: *Secretary + Treasurer*
NAME: *Barbar Soudelier*
STREET ADDRESS: *5092 Hibiscus Rd*
CITY - ST - ZIP: *Kissimmee FL 34746*

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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: *Barbara Soudelier* *Barbara Soudelier* *4/28/04* *407-397-1884*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)