

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

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90028 040 ***150.00

DOCUMENT # PO3000146597

1. Entity Name
GEORGE P. SOVICH PAINTING, INC.

DO NOT WRITE IN THIS SPACE

94048160

2. 2845 W. King St.
Suite, Apt. #, etc.

3. Mailing Address
272 SCENIC DR.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Cocoa, FL

City & State
Cocoa, FL

Zip
32926

Country
USA

Zip
32926

Country
USA

4. FEI Number
58-2678241

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
GEORGE P. SOVICH

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

City
Cocoa

FL Zip Code
32926

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 <u>PRESIDENT</u>	NAME <u>GEORGE P. SOVICH</u>	TITLE	
STREET ADDRESS <u>272 SCENIC DR</u>	CITY - ST - ZIP <u>Cocoa, FL 32926</u>	STREET ADDRESS	
TITLE	NAME	TITLE	
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	
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TITLE	NAME	TITLE	
STREET ADDRESS	CITY - ST - ZIP	STREET ADDRESS	

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)(l), 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: George P. Sovich 4/5/04 1-321-698-3261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (1/2002)