## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## Apr 02, 2004 8:00 am Secretary of State **DOCUMENT # P03000147678** 04-02-2004 90077 029 \*\*\*150.00 NU-TECH PAINTING CONTRACTORS, INC. Principal Place of Business Mailing Address 301 SW 24TH STREET FORT LAUDERDALE FL 33315 301 SW 24TH STREET FORT LAUDERDALE FL 33315 2. Principal Place of Business 3330 SW 3 5W Suite, Apt. #, etc. Suite, Apt. #, etc MOORE CR2E034 (11/03) 4. FEI Number Applied For 20-0564535 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33315 SROWARD Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EISENSMITH, JEFFREY R Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA **SUITE 1600** FORT LAUDERDALE FL 33394 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, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR STRAUSS, ELLER 3330 SW 3rd Ave. DΠF ☐ Delete TITLE ☐ Addition STRAUSS, ELMER NAME NAME STREET ADDRESS 301 SW 24TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33315 CITY-ST-ZIP Fr. LAUDERDALE, FL 333.15 ☐ Delete TITLE TITLE ☐ Change Addition CABLE GEORGE, 3330 SW 380 AVE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fr. LAuderdale, FL President, Sicretary, Treasurer Change MATTHEW Suggrove 3330-SW 3Rd AVE. TITLE ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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 attackment with an address with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED