FILED
Jun 03, 2005 8:00 am
Secretary of State
05-03-2005 90146 025 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04 00000351

1. Entity Name
Hunter Honesty Painting Service

DO NOT WRITE IN THIS SPACE

66021144

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
255 N E 42nd Court	← Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pompano Bch Florida	City & State
Zip: 33064 Country: Unites States	Zip / Country

4. FEI Number: 061684256 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Hunter Honesty Painting Service Corp.
Street Address (P.O. Box Number is Not Acceptable): 255 N E 42nd Ct
City: Pompanpano Bch FL Zip Code: 33064

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: X Cyril Hunter
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	TITLE	
NAME	Cyril A. Hunter	NAME	
STREET ADDRESS	255 NE 42nd court	STREET ADDRESS	
CITY-ST-ZIP	Pompanu Bch FLA. 33064	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034B (12/02)

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: Cyril Hunter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #