FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2005 8:00 am
Secretary of State
05-31-2005 90007 033 ***150.00

DOCUMENT # P04000084721

1. Entity Name HEART OF FLORIDA PAINTING INC.

DO NOT WRITE IN THIS SPACE

40086401

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
305 ED PADGETT RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKELAND FLA.	City & State
Zip: 33809 Country: POLK	Zip Country

4. FEI Number: 20-2367042 ☐ 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: RICKEY J ELLISON

Street Address (P.O. Box Number is Not Acceptable): 305 ED PADGETT RD

City: LAKELAND FL Zip Code: 33809

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 _____ DATE
Signature of new registered agent and title, if applicable — NOTE: Registered Agent signature required when reinstating

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 RICKEY J ELLISON

TITLE PRES.	PAINTING HEART OF FLORIDA PAINTING INC 305 ED PADGETT RD LAKELAND FLA. 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VICE.	PAINTING LORETTA PROCHAZKA HEART OF FLORDA PAING INC 305 ED PADGETT RD LAKELAND FLA 33809	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: _____ Date _____
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #