

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91518 048 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000002192

1. Entity Name
S AND H CUSTOM PAINTERS AND MAINTENANCE,
INC.



10090051

Principal Place of Business
7707 SHERIDAN STREET
HOLLYWOOD, FL 33024-2533 US

Mailing Address
7707 SHERIDAN STREET
HOLLYWOOD, FL 33024-2533 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

27 NE 16 AVE

27 NE 16 AVE

City & State

City & State

POMPAHO BEACH, FL

POMPAHO BEACH, FL

Zip

Country

Zip

Country

33060-6727

BARBADOS

33060-6727

BARBADOS

4. FEI Number
65-0379908

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HICKMAN, STEPHEN
7707 SHERIDAN STREET
HOLLYWOOD, FL 33024

Name

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

27 NE 16 AVE

City

POMPAHO BEACH

FL

Zip Code

33060-6727

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

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HICKMAN, STEPHEN
7707 SHERIDAN STREET
HOLLYWOOD, FL 330242533

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
27 NE 16 AVE
POMPAHO BEACH, FL 33060-6727

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE:

Stephen Hickman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen Hickman

4/28/03

Date

954/786-9548

Daytime Phone #

CR2EC34 (10/02)