2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

P93000020963 **DOCUMENT #**

1. Entity Name



TILED Mar 20, 2003 8:00 am Secretary of State 03-20-2003 0011€ 010 75 **FILED**

SIEGFRIED'S PAINT & DECO, INC.						03-20-2003 90110	3016 13	0.00	
Principal Place of Business 7278 SAN SEBASTIAN DR BOCA RATON FL 33433 US		Mailing Address 7278 SAN SEBASTIAN DR BOCA RATON FL 33433 US							
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Address				[8]			
			Suite, Apt. #, etc. City & State			☐ CHECK HERE IF MAKING CHANGES			
					4. FE	65-0398403		Applied For Not Applicable	-
Zip	Zip Country		Zip	ip Country		icate of Status Desired S8.75 Additional Fee Required			
	6. Name	and Address of Current Re	egistered Agent		7. Na	me and Address of New Registe	red Agent		7
				Name					7
Juth, Siegfried K 7278 san Sebastian dr			Street Add	Street Address (P.O. Box Number is Not Acceptable)					
BOCA RA	TON FL 334	133		ļ					
				City			FL Zip Co	ode	1
the obligat	tions of regist		he purpose of changing its re	egistered office or re	gistered ager	nt, or both, in the State of Florida. I	am familiar wit	h, and accept	
SIGNATURE .	Signature, typed	or printed name of registered agent and	title if applicable. (NOTE: F	Registered Agent signature r	required when reins	stating) D	ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					T.				7
	r May 1, 200	3 Fee will be \$550.00	State			 Election Campaign Financing Trust Fund Contribution. 		.00 May Be ed to Fees	
	r May 1, 200	3 Fee will be \$550.00		11.	ADD		☐ Ādd	ed to Fees	
Make Check	r May 1, 200	3 Fee will be \$550.00 Florida Department of S		11.	ADD	Trust Fund Contribution.	☐ Ādd	ed to Fees	/02)
Make Check	r May 1, 200 k Payable to PD JUTH, SIE	3 Fee will be \$550.00 Florida Department of \$ OFFICERS AND DI	RECTORS		ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees	(10/02)
Make Check 10. TITLE NAME STREET ADDRESS	PD JUTH, SIE 7278 SAN	3 Fee will be \$550.00 Florida Department of S OFFICERS AND DI GFRIED K SEBASTIAN DR	RECTORS	TITLE NAME STREET ADDRESS	ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees	34 (10/02)
Make Check 10. TITLE NAME	r May 1, 200 k Payable to PD JUTH, SIE	3 Fee will be \$550.00 Florida Department of S OFFICERS AND DI GFRIED K SEBASTIAN DR	RECTORS	TITLE NAME	ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees RS IN 11 Addition	2E034 (10/02)
Make Check 10. TITLE NAME STREET ADDRESS	PD JUTH, SIE 7278 SAN BOCA RAT	3 Fee will be \$550.00 6 Florida Department of S OFFICERS AND DI GFRIED K SEBASTIAN DR TON FL	RECTORS	TITLE NAME STREET ADDRESS	ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees RS IN 11 Addition	ZE034 (10/
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD JUTH, SIE 7278 SAN BOCA RAT STD JUTH, MA	3 Fee will be \$550.00 6 Florida Department of S OFFICERS AND DI GFRIED K SEBASTIAN DR TON FL	RECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees RS IN 11 Addition	CR2E034 (10/02)
Make Check 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PO JUTH, SIE 7278 SAN BOCA RAT STD JUTH, MA 7278 SAN	3 Fee will be \$550.00 5 Florida Department of S OFFICERS AND DI GFRIED K SEBASTIAN DR TON FL YA P SEBASTIAN DR	RECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	ADD	Trust Fund Contribution.	AND DIRECTO	ed to Fees RS IN 11 Addition	CR2E034 (10/02)
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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 address, with all other empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP