## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

1. Entity Name ALIFF PAINTING INC. P93000051726



Principal Place of Business 3673 PARSLEY LN. NEW SMYRNA BEACH FL 32169			Mailing Address 3673 PARSLEY LN. NEW SMYRNA BEACH FL 32169					] [ <b>18</b> 5][ <b>8</b> 5] [85] [85] [85] [85] [85]	'I <b>as:</b>	<u> </u>     <b>       </b>	 	
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & Sta	ite	City & State				4.	FO-2102709			pplied For ot Applicable		
Zip	Country			Zip		Country		Certificate of Status Desired	\$8.7 Fee R	5 Ad	ditional	
6. Name and Address of Current Re				ed Agent		7.	Name and Address of New Regist	ered Agent	÷			
						Name			<u> </u>			
ALIFF, PATRICIA A 3673 PARSLEY LN						Street Address (P.O. Box Number is Not Acceptable)						
NEW SMYRNA BEACH FL 32169									<del></del> -			
						City			FL 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												
0.0.0.000		or printed name of registered agent a	nd title if app	olicable. (NOTI	E: Registered	d Agent signature rec	guired when r	einstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of					:			9. Election Campaign Financin Trust Fund Contribution.			<b>0</b> May Be I to Fees	
10.	•	OFFICERS AND (		I RS	11.		ÁF	DDITIONS/CHANGES TO OFFICERS	AND DIDE			
TITLE	Īν	01110211071110	,	Delete .	- TITLE		AL	DITIONS/CHANGES TO OFFICERS				
NAME STREET ADDRESS CITY-ST-ZIP	ALIFF, NO. 3673 PARS	RMAN K JR Sley Lane RNA BCH., FL 32169	-	□ Delete ;	NAME STREE	1			□ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST AUFF, PAT 3673 PARS	TRICIA	***	Delete .		I .			☐ Ch	ange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<del></del>	☐ Delete			· •••	- · · · · ·	☐ Ch	ange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1	·		☐ Ch	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREE CITY-S	T ADDRESS			☐ Cha	inge	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS			☐ Cha	nge	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 reserver 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED A ME OF SIGNING OFFICER OR DIRECTOR

386-427-1667

**FILED** 

Mar 24, 2003 8:00 am Secretary of State

03-24-2003 90641 023 \*\*\*150.00