

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91031 041 ***150.00

DOCUMENT # P93000062593

1. Entity Name

A & S PAINT SPECIALTY CONTRACTORS, INC.



Principal Place of Business

**2602 SEMINOLE COURT
LAKE CITY FL 32055
US**

Mailing Address

**2602 SEMINOLE COURT
LAKE CITY FL 32055
US**

2. Principal Place of Business

RR 12 BOX 160

3. Mailing Address

S.E. Jeremy PL

Suite, Apt. #, etc.

S.E. JEREMY PL

Suite, Apt. #, etc.

RR. 12 BOX 160

City & State

LAKE CITY FL.

City & State

LAKE CITY FL.

Zip

32025

Country

USA

Zip

32025

Country

USA

4. FEI Number

59-3203951

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

**LEUKEL, JEFFREY M
996 N. TEMPLE AVENUE
STARKE FL 32091**

7. Name and Address of New Registered Agent

Name

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

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

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

TITLE **P** ☒ Delete
NAME **ADAMS, DEWEY H**
STREET ADDRESS **2602 SEMINOLE COURT**
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **S** ☐ Delete
NAME **MICHAEL, ADAMS D**
STREET ADDRESS **RT 12 BOX 160**
CITY-ST-ZIP **LAKE CITY FL 32025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL D. ADAMS

4-5-03

Date

386 752 7493

Daytime Phone #

CR2E034 (10/02)