

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P93000080311

1. Entity Name
TROY PAYNE RESTORATION AND INTERIORS, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -5 PM 1:21

Principal Place of Business
4367 50TH PLACE
SAINT PETERSBURG FL 33711

Mailing Address
PO BOX 15489
ST PETERSBURG FL 33733



2. Principal Place of Business
1950 1ST AVE NO.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ST. PETERSBURG FL.

City & State

4. FEI Number 59-3222319

Applied For
Not Applicable

Zip 33713 Country USA

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAYNE, D T JR
850 RAFAEL NE
SAINT PETERSBURG FL 33704

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PAYNE, D T JR
STREET ADDRESS 850 RAFAEL NE
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600016210896
04/17/03--01046--001 **200.00

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CITY-ST-ZIP
600016210896
05/05/03--01112--013 **100.00

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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:

D. TROY PAYNE JR. 4/8/03 (727) 820-4860

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034(10/02)