

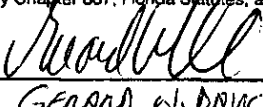


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/3

FILED
May 12, 2003 8:00 am
Secretary of State

04-03-2003 90131 033 ***150.00

DOCUMENT # P94000019939					
1. Entity Name RE: PAINT STORE, INC.					
Principal Place of Business 1465 SUNSET POINT RD CLEARWATER FL 33755 US			Mailing Address 1465 SUNSET POINT RD CLEARWATER FL 33755 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3228038	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MAGUIRE, PATRICK J. 1250 PARK ST CLEARWATER FL 33756			Name Gerard DAVICH		
			Street Address (P.O. Box Number is Not Acceptable) 1001 Bayshore Blvd #10		
			City Safety Harbor FL Zip Code 34695		
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 		(NOTE: Registered Agent signature required when reinstating)		DATE 4-23-03	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	OWNER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONE, JEFFREY T		NAME	GERARD DAVICH	
STREET ADDRESS	1331 MARKLEY DRIVE		STREET ADDRESS	1001 BAYSHORE BLVD UNIT 101	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	SAFETY HARBOR, FL 34695	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, LAILA R		NAME	N/A	
STREET ADDRESS	1331 MARKLEY DRIVE		STREET ADDRESS	N/A	
CITY-ST-ZIP	LARGO FL 33770		CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME	N/A	
STREET ADDRESS	N/A		STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME	N/A	
STREET ADDRESS	N/A		STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	N/A		NAME	N/A	
STREET ADDRESS	N/A		STREET ADDRESS	N/A	
CITY-ST-ZIP	N/A		CITY-ST-ZIP	N/A	
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 REQUIRED		Date 4-23-03 813-784-4097	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		GERARD W. DAVICH		Daytime Phone #	

CR2E034 (10/02)