2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P94000027495 **DOCUMENT #**

1. Entity Name

MIKE DEBOLE PAINTING INC.



FILED Apr 24, 2003 8:00 am Secretary of State

04-24-2003 90230 036 ***150.00

Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Add Fee Required 6. Name and Address of Current Registered Agent	•	
Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State City & State Check Here IF MAKING CHANGES City & State City & State City & State Check Here IF MAKING CHANGES City & State City & State Country 5, Certificate of Status Desired \$8,75 And Fee Required 6. Name and Address of Current Registered Agent Country 5, Certificate of Status Desired \$8,75 And Fee Required 6. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) DEBOLE, MICHAEL S Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City	2613 EL PORTAL AVE	
City & State Country Country S. Certificate of Status Desired \$8.75 Add Fee Required State Desort Street Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 agent, or both, in the State of Florida. I am familiar with, or the obligations of registered agent and title applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ITILE DEBOLE, MICHAEL Signature, typed or privated rames of registered agent and title if applicable. VAOTE Registered Agent signature required when renetating) P. Election Campaign Financing Trust Fund Contribution. Added 10. OFFICERS AND DIRECTORS ITILE DEBOLE, MICHAEL SIRECT ADDRESS CITY-ST-ZIP Delate TITLE NAME SIRECT ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP Country A. FEI Number 59-3238876 S8.75 Add Fee Required For Address of New Registered Agent Fee Required S8.75 Add Fee Required S8.75 Add Fee Required For Address of New Registered Agent Fee Required S8.75 Add Fee Required For Address of New Registered Agent For Address of New Registered Agent Fee Required For Address of New Registered Agent Fee Required Fee Required For Address of New Registered Agent Fee Required For Address of New Regi	2. Principal Place of Business	
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6. Name and Address of Current Registered Agent DEBOLE, MICHAEL S 2613 EL PORTAL AVE SANFORD FL 32773 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, at the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Note: Registered Agent signature required when reinstaling Pate Signature, upped or privated name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) Pate Signature, upped or privated name of registered agent and title if applicable. Signature, upped or privated name of registered agent and title if applicable. In ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS CITY-ST-ZIP Change	City & State	Applied For Not Applicable
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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.