

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90082 038 \*\*\*150.00

DOCUMENT # **F94000045870**

1. Entity Name  
**SPRAY N SHINE INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**7506 Herricks loop**

3. Mailing Address  
**7512 DR Phillips Blvd**  
Suite, Apt. #, etc.  
**#50 PMB 360**

DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO FL**

City & State  
**ORLANDO FL**

4. FEI Number  
**59-3252266**

Applied For  
Not Applicable

Zip  
**32835**

Country  
**US**

Zip  
**32819**

Country  
**US**

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
**GLORIA BLAIS**

Street Address (P.O. Box Number is Not Acceptable)  
**7512 DR Phillips Blvd**  
**#50 PMB 360**

City  
**ORLANDO**

FL

Zip Code  
**32819**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☒  
(See criteria on back)

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE  
**President**  
NAME  
**GLORIA BLAIS**  
STREET ADDRESS  
**7512 DR Phillips Blvd #50 PMB 360**  
CITY- ST- ZIP  
**ORLANDO, FL 32819**

TITLE  
**S**  
NAME  
**Reece Porter**  
STREET ADDRESS  
**7512 DR Phillips Blvd #50 PMB 360**  
CITY- ST- ZIP  
**ORLANDO, FL 32819**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Gloria Blais GLORIA BLAIS P**

**4-28-02 467-341-2052**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)