2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State
04-21-2003 90505 010 ***150.00

DOCUMENT # **P94000045870**

1. Entity Name
SPRAY N' SHINE, INC.

Principal Place of Business	Mailing Address
7506 HERRICKS LOOP ORLANDO, FL 32835 US	7512 DR. PHILLIPS BLVD. SUITE 50 PMB 360 ORLANDO, FL 32819 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
		152 Meadow Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: SANFORD, FL	
Zip	Country	Zip: 32771	Country: SEMINOLE

4. FEI Number **59-3252266** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BLAIS, GLORIA
7512 DR. PHILLIPS BLVD.
SUITE 50 PMB 360
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name: BLAIS, GLORIA
Street Address (P.O. Box Number Is Not Acceptable): 152 Meadow Blvd
City: SANFORD **FL** Zip Code: 32771

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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	BLAIS, GLORIA		NAME	BLAIS, GLORIA	
STREET ADDRESS	7512 DR. PHILLIPS BLVD. - SUITE 50 PMB 360		STREET ADDRESS	152 Meadow Blvd	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE	VPS	☐ Delete	TITLE	VPS	☒ Change ☐ Addition
NAME	PORTER, RECE C		NAME	PORTER RECE C	
STREET ADDRESS	7512 DR. PHILLIPS BLVD. - SUITE 50 PMB 360		STREET ADDRESS	152 Meadow Blvd	
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP	SANFORD, FL 32771	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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: Gloria Blais — 2/24/03 — 407-341-2052
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #