

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90066 021 \*\*\*150.00

**DOCUMENT # P94000055759**

1. Entity Name  
**MIKE'S PAINTING, INC.**

Principal Place of Business      Mailing Address  
**1919 BAYWOOD DR                      1919 BAYWOOD DR**  
**SARASOTA FL 34231                      SARASOTA FL 34231**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number **65-0516097**      Applied For  
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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

**MCCLUNG, MICHAEL**  
**5917 ALBERT PL 4032 Bell Ave.**  
**SARASOTA FL 34231**

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

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.

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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>MCCLUNG, MICHAEL</b>	
STREET ADDRESS	<b>5917 ALBERT PL</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PAETSCH, BRIAN K</b>	
STREET ADDRESS	<b>4013 BRIGGS AVE.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE	<b>SEC</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LAPERRIERE, JAMES</b>	
STREET ADDRESS	<b>5430 POTTER ST.</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34232</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>4032 Bell Ave.</b>	
CITY-ST-ZIP		
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MELISSA JONES</b>	
STREET ADDRESS	<b>3503 SCHWABE DR</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	
TITLE	<b>SEC/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRAD AUGSBURGER</b>	
STREET ADDRESS	<b>2816 STERLING LN</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael McClung      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CFR2E034 (9/01)