

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000062475				
1. Entity Name SUE PAINTS, INC. (2)				
Principal Place of Business 55 MYSTERIOUS WATERS ROAD CRAWFORDVILLE, FL 32327 US			Mailing Address 55 MYSTERIOUS WATERS ROAD CRAWFORDVILLE, FL 32327 US	
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 59-3303155
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
WALKER, SUSAN E 55 MYSTERIOUS WATERS ROAD CRAWFORDVILLE, FL 32327			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE <i>Susan E. Walker</i>			DATE <i>8-4-03</i>	
FILE NOW!!! FEE IS \$100.00 After May 1, 2003 Fee will be \$550.00 Amended UBR fee \$75.00 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 type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUSAN E. WALKER		NAME	
STREET ADDRESS	55 MYSTERIOUS WATERS ROAD		STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE, FL		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
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: <i>Susan E. Walker</i>			DATE: <i>8-4-03</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE	

CR20034 (10/02)

Attachment #

80136334
P94000062475

TO WHOM IT MAY
CONCERN:

This is the 1ST
NOTICE WE RECEIVED
THIS YEAR. MAILED
FORM ON 7/31/03
BUT FORGOT TO
INCLUDE CHECK.

RE-PRINTED FORM
FROM WEB SITE +
SENDING W/ \$150.00
CHECK. THANK YOU
Susan E. Walker
SUE PAINTS, INC.