

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

<b>DOCUMENT # P94000062475</b>		
1. Entity Name <b>SUE PAINTS, INC.</b>		
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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
WALKER, SUSAN E 65 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>
<p style="font-size: small;">FILE NOW!!! FEE IS \$100.00                  After May 1, 2003 Fee will be \$550.00                  Amended UBR is \$75.00                  Make Check Payable to Florida Department of State</p>		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	TITLE
NAME	SUSAN E. WALKER	NAME
STREET ADDRESS	65 MYSTERIOUS WATERS ROAD	STREET ADDRESS
CITY-ST-ZIP	CRAWFORDVILLE, FL	CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE		TITLE
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 Daytime Phone #

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<sup>00</sup>  
CHECK. THANK YOU  
Susan E. Walker  
SUE PAINTS, INC.