Principal Place of Business Mailing Address 10304 MARSH HARBOR WAY 10304 MARSH HARBOR WAY APT #5 RIVERVIEW FL 33569 RIVERVIEW FL 33569 RIVERVIEW FL 33569-3008 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country S. Certificate of Status Desired B. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVE CORAL GABLES FL 33134 Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) Street Address (PO. 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 Sequence for privation is eligible to satisfy its Imangible PHE NOW!!!! FEE IS \$150.00 10. Electi	ate	[LED 2000 8:0(ary of Sta	Jan 28, 200 Secretary		2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000026962 1. Entity Name ADVENTURE PAINTING & COATING, INC.						
Principal Piece of Business Suile, Apr. #, etc. Suile, Apr. #, e	.00	DO NOT WRITE IN THIS SPACE			10304 MARSH HARBOR WAY APT #5 RIVERVIEW FL 33569-3008 3. Mailing Address Suite, Apt. #, etc.			0304 MARSH HARBOR WAY PT #5 IVERVIEW FL 33569 2. Principal Place of Business Suite, Apt. #, etc.		0304 MARSH	
City & State City & State 4. FEI Number 59-0313429 And Not Zip Country Jip Country 5. Certificate of Status Desired 58.75 Aug AMERILAWYER 343 ALMERIA AVE CORAL GABLES FL 33134 The above named endities of Hew Registered Agent The above named endities of Hew Registered Agent The above named endities of Hew Registered Agent AMERILAWYER 343 ALMERIA AVE CORAL GABLES FL 33134 Street Address of Hew Registered Agent The above named endities of street set set set set set set set set set											
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Zip Country Zip Country S. Cartificate of Status Desired \$8.75 Acdines (Status Desired) B. Name and Address of Current Registered Agent . Name . Name and Address of New Registered Agent AMERILAWYER 333 ALMERIA AVE CORAL GABLES FL 33134 . Name . Name . Name B. 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. . Diffe . Diffe SIGNATURE System Address (PO. Box Number is Not Acceptable)	plied For of Applicable									City & Stat	
S. Name and Address of Kew Registered Agent AMERILAWYER Stat ALMERIA AVE COPAL GABLES FL 33 134 City FL Zip Code City Signat City FL Zip Code City FL Zip Code City City City City City City FL Zip Code City City City City FL Zip Code City	ditional	5 Certificate of Status Desired Status Additional		5. 0	Zip Country			Country		Zip	
AMERILAWYER 343 ALMERA AVE CORAL GABLES FL 33134 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City F			iame and Address of New Register	7. N		gistered Agent	Current Regis	e and Address of C	6. Name		
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. State of Florida. SIGNATURE Signaure, based or pretable in adjustered agent and the if applicable. (MOTE Regressed Agent Bornical wavement of state of Florida. 9. This corporation is eligible to satisfy its intengible Tax filling regularizement and elects to do so. After MAY 1, 2000 Fee will be \$\$50.00 Make Check Payable to Department of State 10. Election Campaign Financing Trust Fund Contribution. \$\$5.00 Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITONS/ICHANGES TO OFFICERS AND DIRECTORS \$\$ 100, Election Campaign Financing Trust Fund Contribution. \$\$ \$\$ \$\$ 15408 POND WOODS DR E TAMPA FL 33618 ITTLE MAKE ITTLE ITTLE <td< td=""><td>: </td><td colspan="3" rowspan="2">(P.O. Box Number is Not Acceptable)</td><td colspan="3" rowspan="2">Street Address (</td><td colspan="3">343 ALMERIA AVE</td></td<>	: 	(P.O. Box Number is Not Acceptable)			Street Address (343 ALMERIA AVE			
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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 in 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 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 changed, or on an attachment with an address, with all other like empowered.		am: mai i am an oilicer	eda) enect as it made under oath: tha	nave the same i	the exemption sta	e and accurate and that my ared to execute this report as	tee empowere	ort or supplemental r the receiver or truste	ted on this repo	13. I hereby indicated of the co	