

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90101 030 ***150.00

03/21/03 AV

DOCUMENT # P95000028465

1. Entity Name
AHI PAINTING, INC.



Principal Place of Business
**13505 BOCA CIEGA AVE.
SAINT PETERSBURG FL 33708
US**

Mailing Address
**P.O. BOX 151623
TAMPA FL 33684
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3299883**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GABRIELLA E SVOBODA
13505 BOCA CIEGA AVE.
SAINT PETERSBURG FL 33708**

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 *Gabriella E. Svoboda* **Gabriella E. Svoboda** *(No change)*

3-17-03

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	V	<input type="checkbox"/> Delete
NAME	SVOBODA, ZDENEK A	
STREET ADDRESS	6110 N GLEN AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	GABRIELLA SVOBODA	
STREET ADDRESS	6110 N GLEN AVENUE	
CITY-ST-ZIP	TAMPA FL	
TITLE	VPFO	<input type="checkbox"/> Delete
NAME	DUCHACEK, ROMAN	
STREET ADDRESS	165 117TH AVE #7	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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: *Gabriella E. Svoboda* **Gabriella E. Svoboda** **3-17-03**
813-890-4132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)