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

## P95000035012 DOCUMENT #

Principal Place of Business

WEST PALM BEACH FL 33415

2. Principal Place of Business

4664 SUTTON TERR S.

Suite, Apt. #, etc.

MICHAUD, JAMES

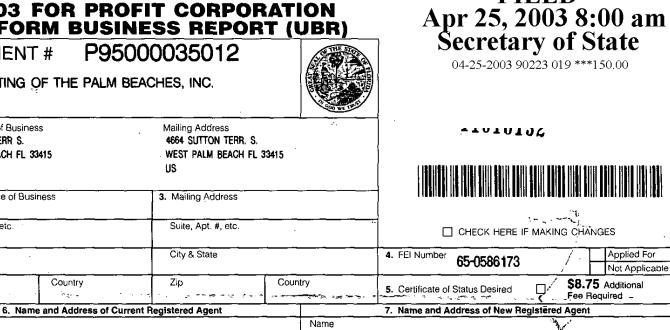
1317 SOUTH KILLIAN DRIVE LAKE PARK FL 33403

City & State

Zip

JIM'S PAINTING OF THE PALM BEACHES, INC.

Country



Street Address (P.O. Box Number is Not Acceptable)

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.

City

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

Applied For

Not Applicable

OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition. TITLE ☐ Delete TITLE MICHAUD, JAMES NAME NAME 1317 SOUTH KILLIAN DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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: