2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PQ5000084479



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

1. Entity Name A SHADE BETTER PAINTING, INC.							02-21-2003 90183 004 ***150.00			
2011 NW 38	ace of Busines TH AVENUE CREEK FL 3306		Mailing Address 2011 NW 38TH AVENUE COCONUT CREEK FL 33066							
Principal Place of Business 3. Mailing Address					 -					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City & State				4. FEI Number 65-0621048		Applied For	
Zip Country		Zip		Country	:	5. Certificate of Status Desired	\$8.75 Ac			
	6. Name	алd Address of Curren	Registered	l Agent		7	7. Name and Address of New Registered			
CECHARIO, LOUISE					Name					
2011 NW 38TH AVENUE COCONUT CREEK FL 33066						ess (P.O). Box Number is Not Acceptable)			
				_	City		FI	Zip Cod		
the obliga	e named entity trions of regist	submits this statement for service agent.	or the purpo	se of changing its	registered office or reg	istered	agent, or both, in the State of Florida. I arr	ı familiar with	, and accept	
SIGNATURE		or printed name of registered agent	and title if applic	able (NOTE	: Registered Agent signature red	uired whe	on reinstating) 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		00 May Be	
10.		OFFICERS AND	DIRECTOR:	<u> </u>	11.	 ,	ADDITIONS (OLIANISES TO SEE			
TITLE NAME STREET ADDRESS	D CECHARIO 2011 NW 3	· · · · · · · · · · · · · · · · · · ·	-	☐ Delete	TITLE NAME STREET ADDRESS	^	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR:	S IN 11	
CITY-ST-ZIP COCONUT CREEK FL 33066					CITY-ST-ZIP					
NAME STREET ADORESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>. but ur</u>	The second secon	Change	Addition	
TITLE Name Street address City-St-Zip				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		•	☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			- 11	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>, </u>	,	☐ Change	Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #