2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P95000088480 DOCUMENT #

1. Entity Name BROTHER JOHN CUSTOM PAINTING, INC.



FILED Apr 16, 2003 8:00 am Secretary of State

04-16-2003 90250 009 ***150.00

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Principal Place of Business 1510 18TH ST EAST BRADENTON FL 34208		Mailing Address 1510 18TH ST EAST BRADENTON FL 34208				1.00		SSI)) ante NISS en	84 18444 #1884	(#)((##))	
2. Principal P	lace of Business	3. Mailing Address				111	INDANI LIN TUJUL USELI UKLEI	EBIN DONFEBIUF IX	(41 5 4 5) (45)	i i sili vali (sau)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State				4. FEI Number 65-0611558 Applied For Not Applicate					
Zip	Country	Zip Coun		ntry	5. Certificate of		ate of Status Desired	tus Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
The second secon					-Name						
-	Daphney H ave east	St			reet Address (P.O. Box Number is Not Acceptable)						
APT 221	The state of the s										
BRADENT	ON FL 342085.		City	-			FL	Zip Cod	e		
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.									and accept		
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable.	(NOTE: Register	red Agent signati	ure required w	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00							Election Campaign F			0 May Be	
Make Check Payable to Florida Department of State						-	Trust Fund Contribut	ion.	Added	to Fees	
10.	OFFICERS AND DIRECTORS 11			<u></u>		ADDITION	NS/CHANGES TO OF	FICERS AND D	IRECTOR	S IN 11	
TITLE	PTO	☐ Del	ete TIT	LE	PSP			[Change	☐ Addition	
NAME	BARNES, DAPHNEY 1831 13TH AVE EAST #221		NA	ΜE	Barn	es, 3	ohany C - East FL 34208				
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #