DOCUMENT # **P96000021036**

1. Entity Name

THE PAINT BOX CO.

Principal Place of Business

Mailing Address

City & State

2430 N FED. HWY.

City & State

2233 N.E. 30 COURT

LIGHTHOUSE POINT FL 33064

LIGHTHOUSE POINT FL 33064

2. Principal Place of Business 3. Mailing Address 55 N.E 51. Suite, Apt. #, etc. Suite, Apt. #, etc.

Dolly & State	ano Beach, FL	City & State		4. ' .	65-0775344		_ 	plica i oi
Pompo	ind beach, Pi	7:-	T Canada					t Applicable
3306	Country USA 6. Name and Address of Current F	Zip	Country		ertificate of Status Desired	Fe	8.75 Add ee Required	
		7. Name and Address of New Registered Agent						
			Name					·
PRICE	Street Addres	Street Address (P.O. Box Number is Not Acceptable)						
2233								
LIGHT	THOUSE POINT FL 33064							
			City			P-1 1	Zip Cod	6
			Oity			FL		
8. The above	named entity submits this statement for	the purpose of changing its	s registered office or regis	stered age	nt, or both, in the State of Flor	ida.		
	•							
SIGNATURE _								
OKAN TOTAL	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registered Agent signature req	uired when rei	nstating)	DATE		-
O This says	'!!! FEE IS \$150.00				-			
			001 Fee will be \$550.0	00	10. Election Campaign Fina			00 May Be
- · · · · · · · · · · · · · · · · · · ·			ble to Department of		Trust Fund Contribution	ı. 🗆	Added	d to Fees
11.	. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P	☐ Delete	12.				Change	Addition
NAME	PRICE, MARY LOU		NAME					_
STREET ADDRESS	2233 N.E. 30 COURT		STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064		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					
TETLE		☐ 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	TITLE				☐ Change	Addition Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.