

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

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91140 011 \*\*\*150.00

DOCUMENT # P96000021036  
1. Entity Name  
The Paint Box Co.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
455 N.E. 25th ST.  
Suite, Apt. #, etc.

3. Mailing Address  
2233 N.E. 30 CT.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Pompano Beach, FL

City & State  
Lighthouse Point, FL

4. FEI Number  
65-0775344

Applied For  
Not Applicable

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

Zip  
33064

Country  
USA

Zip  
33064

Country  
USA

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
MARY LOU PRICE

Street Address (P.O. Box Number is Not Acceptable)  
2233 N.E. 30 CT.

City  
LIGHTHOUSE POINT, FL

Zip Code  
33064

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.

SIGNATURE 

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

(NO I.L. Registered Agent Signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Mary Lou Price 2233 N.E. 30 Ct. Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E034B (12/01)

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

SIGNATURE:  MARY LOU PRICE 4/24/02 (954) 786-0603

Signature and typed or printed name of signing officer or director

Date: 4/24/02 Daytime Phone #: (954) 786-0603