2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBI

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PROFESSIONAL PAPER HANGING & CUSTOM PAINTING, IN



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THE SAN	Secretary of State
	05-01-2003 90180 019 ***150.00

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Suite April vietner	922 37TH ST W			Mailing Address 922 37TH ST W											
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Country	Suite, Apt.	#; etc	- <u> </u>	Suite, Apt. #, etc.				_	☐ CHECK HERE IF MAKING CHANGES						
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent North STEIN, ALAN Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code City City City City FL Zio Code City Ci	City & Stat	e	·	City & State					hh-1654/8/						
STEIN, ALAN 922 37TH ST W BRADENTON FL 34205 City FL Zip Code City Code Co	Zip	O	ountry	Zip Cour			ry								
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BRADENTON FL 34205 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am tarrillar with, and accept the obligations of registered agent. SIGNATURE Signature, troad or printed refres of registered agent and little if appaceable. (NCTR): Registered Agent signature requires when relegating) Print FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	•	AN .						Street Address (P.O. Box Number is Not Acceptable)							
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, hyber or prince name of implatered agent and title? applicable. (NOTE: Registered Agent agranure excited when relineating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003, Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITILE PORADO, ROBERT STREET ADDRESS CITY-ST-ZP TITLE Delete TITLE		ON FL 34205	,												
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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:

Daytime Phone #