## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT** DOCUMENT # P07000024165



## FILED Apr 14, 2003 8:00 am Secretary of State

1. Entity Name RON SPEARS PAINTING INC.				04-14-2003 90051 032 ***150.00	
Principal Place of Business 344 W FRENCH AVE ORANGE CITY FL 32763		Mailing Address 344 W FRENCH AVE ORANGE CITY FL 32763	<b>1</b>		
Principal Place of Business 3.		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc			
·				CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-3433447 Applied For Not Applicable	
Zip	Country	Zíp	Country	5. Certificate of Status Desired S8.75 Additional	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
SPEARS, LAURA J 344 W FRENCH AVE			Street Address	Street Address (P.O. Box Number is Not Acceptable)	
ORANGE CITY FL 32763				-	
			City	FL Zip Code	
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.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signature requir	ed when 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 \$5.00 May Be Trust Fund Contribution.   Added to Fees	
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST SPEARS, RONALD A. 344 W. FRENCH AVENUE ORANGE CITY FL 32763	€ 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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS 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	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS GITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE** 

CITY-ST-ZIP