2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P97000029931

1. Entity Name

FILIS PAINTING, INC.



FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90069 049 ***150.00

Principal Place of Business 6629 HARBOR DRIVE HUDSON FL 34667				Mailing Address 6629 HARBOR DRIVE HUDSON FL 34667								
2. Principal Place of Business				3. Mailing Address) 190)190) (10)01(1 100)) 00()	I VULIE UNITO BUTER ILA	IU IUIIU 1010K	145 0 1 11 0 4 1 50 3	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					ERE-IF-MAKING:	CHANGES	-	
City & State				City & State :				59-345///0			oplied For ot Applicable	
Zìp	Country			Zíp Count			,5.	5. Certificate of Status Desired Sta				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
FILIS, THOMAS JR. 6629 HARBOR DRIVE HUDSON FL 34667						Name Street Ac	dress (P.O.	Box Number is Not Accept	able)			
11000011 E 04007									FL	Zip Cod	le	
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 tate if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of S				Signature of the Control of the Cont			.2	9. Election Campaigr Trust Fund Contrib	· -		May Be	
10. OFFICERS AND I			AND DIRECTO				А	ADDITIONS/CHANGES TO	OFFICERS AND	DIRECTOR		
NAME STREET ADDRESS	PVST FILIS, THO 6629 HARE HUDSON F	OR DRIVE		☐ Delete		1				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷									☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP										☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			☐ Delete		T ADDRESS S				☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		T ADDRESS ST-ZIP				☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	antifu Almania		AL AL :- CI	☐ Delete	CITY-	T ADDRESS ST-ZIP	7:-0	a 119 07/3Vi) Florida Statut		☐ Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

727-862-4251

Daytime Phone #