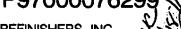
2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P97000076299





FILED May 05, 2003 8:00 am g Secretary of State

05-05-2003 91804 001 ***150.00

APAN NE	GENOT METAL REFINISHE	10, 1140. A Kin				
Principal Place 1504 ALT 19 I PALM HARBOI US		Mailing Address 700-B OHIO AVE PALM HARBOR FL 34683				
2 Principal F	Place of Business	3. Mailing Address	· · · · · · · · · · · · · · · · · · ·		8 BILL 8 BILL 8 BILL 8 BILL 6 1818 1811	A HARA HEAR
C. Apt.	#1 elic	Suite, Apt. #, etc.		CHECK HER	RE IF MAKING CHANGES	
PAGN HARBOR FL		City & State		4. FEI Number 59-346887	/11 	ied For Applicable
34687	Country PINEUAS	Zip	Country	5. Certificate of Status Desired	d S8.75 Addition Fee Required	onal
	6. Name and Address of Current	Registered Agent		7. Name and Address of Nev	v Registered Agent	
5110184741	TED DOLLAR 14 500		Name			- 1
1172 BRO	.TER, DOUGLAS M ESQ WNELL STREET		Street Addres	Street Address (P.O. Box Number is Not Acceptable)		
CLEARWA	TER FL 34616		City		FL Zip Code	
9 The above	named entity submits this statement fo	r the oursee of changing it	s registered office or regis	tared agent or both in the State of		d.accent-
the obliget	Hone of registered agent.	i the purpose of changing it	s registered diffice or regis	relegation bolis, in the State of	.sporue.=(dricati nies wiri -ar	a-accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature requ	uired when reinstating)	DATE	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State		9. Election Campaign Trust Fund Contribu		May Be
10:2	OFFICERS AND		11.	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN	V 11
TITLE NAME	PST DIDAY, JOHN E. 700 B OHIO AVE PALM HARBOR FL 34683	☐ Delete	TITLE - NAME STREET ADDRESS CITY-ST-ZIP			Addition
TITLE NAME STREET ADDRESS	TALM HARDON FL 34063	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change [Addition
CITY-ST-ZIP	1		CITY-ST-ZIP	,	•	i
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A STATE OF THE STA	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		∵ Change [Addition
NAME STREET ADDRESS CITY-ST-ZIP		- Delete	NAME STREET ADDRESS CITY-ST-ZIP			Addition
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indicated	certify that the information supplied with on this report or supplemental report is poration or the regerier or trustee emace	true and accurate and that	my signature shall have th	ie same legal effect as if made und	er oath; that I am an officer or	director

indicated on this report or supplemental report of the corporation or the receiver or trustee on changed, or on an attachment with an address

SIGNATURE: