## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P97000084046

Entity Name: FLYING COLORS PAINTING, INC.

FILED Sep 12, 2002 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
STE A PM				
INDIAN H	ARBOR BCH, F	L 32937 US		
Current Mailing Address:			New Mailing Address:	
	/ERA BLVD TIC, FL 32903	US		
FEI Number	: 65-0784845	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
370 E. RIV	S, THOMAS /IERA BLVD IC, FL 32903			
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
		c Signature of Registered Ag	ent	Date
This corpor	ation is eligible to	satisfv its Intangible Tax filing re	quirement and elects to do so (X).	
		Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title:	P ()	Delete	Title:	() Change () Addition
Name:			Name:	
Address:			Address:	
City-St-Zip:	INDIATLANTIC, F	FL 32903	City-St-Zip:	
Title:	V ()	Nelete	Title:	( ) Change ( ) Addition
Name:	V () Delete STRANEY, RICHARD 370 E. RIVERA BLVD.		Name:	( ) Change ( ) / Iddition
Address:			Address:	
City-St-Zip:	INDIATLANTIC, F		City-St-Zip:	
Title: T ( ) Delete		Title:	() Change () Addition	
Name:			Name:	
Address:			Address:	
City-St-Zip:	MELBOURNE, F	L 32904	City-St-Zip:	
Title:	S ()	Delete	Title:	( ) Change ( ) Addition
Name:	JENNINGS, MARY ANN		Name:	- ' '
Address:	370 E. RIVERA		Address:	
City-St-Zip:	INDIATLANTIC, F	FL 32903	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS JENNINGS P 09/12/2002