## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000008719

City-St-Zip:

ROYAL PALM BEACH, FL 33411

Entity Name: JOHN ROSSI'S PAINTING & DECORATING, INC.

FILED Apr 21, 2003 Secretary of State

| Current Principal Place of Business:          |  |                                | New Principal Place o                         | New Principal Place of Business:          |  |
|---|--|--------------------------------|---|---|--|
| 381 POTT                                      | ER ROAD<br>LM BEACH, F                           |                                |   |   |  |
| Current Mailing Address:                      |  |                                | New Mailing Address                           | :   |  |
| 60 CURLE<br>MANALAF                           | EW ROAD<br>PAN, FL 33462                         | 2                              |   |   |  |
| FEI Number                                    | : 65-0813699                                     | FEI Number Applied For ( )     | FEI Number Not Applicable ( )                 | Certificate of Status Desired ( )         |  |
| Name and Address of Current Registered Agent: |  |                                | Name and Address of                           | Name and Address of New Registered Agent: |  |
| ROSSI, JO<br>60 CURLE<br>MANALAF              |  | 2                              |   |   |  |
|   | e named entity<br>e of Florida.                  | submits this statement for the | purpose of changing its registered            | office or registered agent, or both,      |  |
| SIGNATUI                                      | RE:  |                                |   |   |  |
|   | Electro  | nic Signature of Registered Ag | ent   | Date                                      |  |
|   | mpaign Financin<br>S AND DIREC                   | g Trust Fund Contribution().   | ADDITIONS/CHANGE                              | S TO OFFICERS AND DIRECTORS:              |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP (<br>ROSSI, JOHN<br>60 CURLEW F<br>MANALAPAN, | OAD                            | Title: (<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | WILKOFF, DAI<br>1401 CARIBBE                     |                                | Title:<br>Name:<br>Address:<br>City-St-Zip:   | ( ) Change ( ) Addition                   |  |
| Title:<br>Name:<br>Address:                   | T (X<br>ROSSI, DAVID<br>1096 RHAPSC              |                                | Title:<br>Name:<br>Address:                   | ( ) Change ( ) Addition                   |  |

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.

City-St-Zip:

SIGNATURE: JOHN D. ROSSI DP 04/21/2003