

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

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

05-05-2003 90715 045 ***150.00

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FP

DOCUMENT # **P98000009704**



1. Entity Name
PAINTER'S PRIDE, INC. OF FLORIDA

Principal Place of Business
**1720-1772 AVENIDA DEL SOL
BOCA RATON FL 33432**

Mailing Address
**1720-1772 AVENIDA DEL SOL
BOCA RATON FL 33432**

11039555



2. Principal Place of Business
1720 Avenida del sol

3. Mailing Address
1720 Avenida del sol

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number **65-0810462**

Applied For
Not Applicable

Zip
33432

Country
Palm Beach

Zip
33432

Country
Palm Beach

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHRIBERG, KENNETH D
1720 AVENIDA DEL SOL
BOCA RATON FL 33432**

Name
Street Address (P.O. Box Number is Not Acceptable)

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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 due before 5/03
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD KILLAM, HORACE G III**
STREET ADDRESS **861 WAVERLY ST.**
CITY-ST-ZIP **FRAMINGHAM MA 01702**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VD SHRIBERG, KENNETH D**
STREET ADDRESS **1720 AVENIDA DEL SOL**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED**

4-30-03

561313131

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)