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

## DOCUMENT # P98000010138

1. Entity Name

KEN R. AVERY PAINTING INC.



## FILED Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90136 021 \*\*\*150.00

Principal Place of Business  Side OLD RESTORE BD.  380 OLD RESTORE BD.  380 OLD RESTORE BD.  380 OLD RESTORE BD.  380 AD JR. 50 C.  Chy & State  Chy					7			
Surie, Apri. #. etc.   Surie, Apri. #. etc.   Surie, Apri. #. etc.   CHECK HERE IF MAKING CHANGES    Zip	3650 OLD KEYSTONE RD.		3650 OLD KEYSTONE RD.			18) (18)1 OCCUL (18 <b>0</b> 1	L 11186 (211 1881	
Suite, Apr. #, etc.		(P)	La Maille Address	<u> </u>				
City & State  Ci	2. Principal Place of Business		3. Mailing Address	<b>3</b> 1				
Section   Sect	Suite, Apt. #, etc.		Suite, Apt. #, etc.	- = 1	☐ CHECK HERE IF MAKII	NG CHANGES		
E. Name and Address of Current Registered Agent  AVERY, KEN R  3850 OLD KEYSTONE RD.  TARPON SPRINGS FL 34689-0000  E. The above remod entity submits this statement for the purpose of changing its registered dilice or registered agent, or both, in the State of Florida. I am familiar with, and accept the no collegions or registered agent, or both, in the State of Florida. I am familiar with, and accept the no collegions or fregistered agent.  SIGNATURE  FLE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  AVERY, KEN R  SIRET ADDRESS  CITY-51-2P  TITLE  MOVE  TITLE  OFFICERS AND DIRECTORS  Device  ITTLE  OFFICERS AND DIRECTORS  SIRET ADDRESS  CITY-51-2P  TITLE  OFFICERS AND DIRECTORS  SIRET ADDRESS  CITY-51-2P  TITLE  ORDER  ADDRESS	City & State		City & State		4. FEI Number 59-3493640	FO-3AGSWAN		
AVERY, KEN R 3850 OLD KEYSTONE RD. TARPON SPRINGS FL 34689-0000  8. The above named entiry submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Topodow, house is present own of registered agent and the fraphicable	Zip	Country .	Zip	Country	5. Certificate of Status Desired			
AVERY, KEN R 3850 OLD KEYSTONE RD. TARPON SPRINGS FL 34689-0000  8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Graduar, Insect or ordinar rane of replaced agent agent at the Tapoheuton.		6. Name and Address of Current	Registered Agent	*	7. Name and Address of New Registere	d Agent		
3850 OLD KEYSTONE RD. TARPON SPRINGS FL. 34689-0000  1. City FL. Zip Code  1. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the codings one of registered agent.  2. SIGNATURE  3. Election Campaign Financing Trust Fund Contribution. DATE  3. Election Campaign Financing Trust Fund Contribution. DATE  4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TARPON SPRINGS FL. 34688  5. SIRET ADDRESS OUT-S1-ZP  TITLE  4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WAVE  5. SIRET ADDRESS OUT-S1-ZP  TITLE  4. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  THE WAVE  5. SIRET ADDRESS OUT-S1-ZP  TITLE  6. Change Addition  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the code of t				Name				
TARPON SPRINGS FL 34689-0000  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 Forids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symaths, lipsed or perind name of registered agent.   INOTE Projected Agent spinsture required when retroting)   DATE				Street Addres	(P.O. Box Number is Not Acceptable)			
6. 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 furnilist with, and accept the obligations of registered agent.    SIGNATURE     Signature, topical or prince name of registered agent.   MOTE Registered Agent submitus required where rendefing)   DATE   DATE				1				
SIGNATURE				City	F	L Zip Cod	le	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.			or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida. I a	m familiar with,	and accept	
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		Lertify that the information supplied with	h this filing does not qualify f		Section 119.07(3)(i), Florida Statutes. I further	 certify that the i	information	

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 frustee empowered to execute this report as equired 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

8/3 855-5037