

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90316 036 ***558.75

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DOCUMENT # **P98000012795**

1. Entity Name
DIVINE PAINTING, INC.



Principal Place of Business
**18800 NW 29TH AVE
CAROL CITY FL 33056**

Mailing Address
**18800 NW 29TH AVE
CAROL CITY FL 33056**

2. Principal Place of Business
18800 N.W. 29 AVE
Suite, Apt. #, etc.

3. Mailing Address
18800 N.W. 29 AVE
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
CAROL CITY, FLA.

City & State
CAROL CITY, FLA.

4. FEI Number **65-0812305**

Applied For
 Not Applicable

Zip
33056

Country

Zip
33056

Country

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

**CROSBY, DENISE
18800 NW 29TH AVE
CAROL CITY FL 33056**

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 *Denise Crosby* **Denise Crosby - Vice President DENISE S. CROSBY** **9/5/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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	VD	<input type="checkbox"/> Delete
NAME	CROSBY, DENISE	
STREET ADDRESS	18800 NW 29TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROSBY, GAMAL	
STREET ADDRESS	18800 NW 29TH AVE	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 another like empowered.

SIGNATURE *Denise Crosby* **SIGNATURE *Denise Crosby* DENISE S. CROSBY** **9/5/03** **305-624-8140**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)