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

Mailing Address

DAVIE FL 33331

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

15302 SW 51ST MANOR

## P98000082351 **DOCUMENT #**

1. Entity Name

DAVIE FL 33331

Principal Place of Business

2. Principal Place of Business

15302 SW 51ST MANOR

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

'JIMBOS" CUSTOM PAINTING, INC.



## FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90034 027 \*\*\*150.00

**ը Որդուս ։ - -**

☐ CHECK HERE IF MAKING CHANGES				
4.	FEI Number <b>65-0896084</b>			Applied For
				Not Applicable
5.	Certificate of Status Desired		\$8.75 Additional Fee Required	
7.	Name and Address of New Re	gistere	d Agent	

ARRASATE, CAROLYN Street Address (P.O. Box Number is Not Acceptable) 15302 SW 51ST MANOR DAVIE FL 33331 Zip Code City

Name

Country

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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

**\$5.00** May Be Added to Fees

DATE

Trust Fund Contribution.

Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition Delete TITLE TITLE ARRASATE, CAROLYN NAME NAME STREET ADDRESS 15302 SW 51ST MANOR STREET ADDRESS DAVIE FL 33331 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition --- - Change ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/02/2013 954680-2970