

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90104 007 ***150.00

DOCUMENT # P98000085936

1. Entity Name

PREMIER CUSTOM PAINTING CORPORATION

Principal Place of Business

9109 WEST HILLSBOROUGH AVENUE
 #208
 TAMPA FL 33615

Mailing Address

C/O WALTER SANDERS
 13910 N DALE MABRY HWY STE ONE
 TAMPA FL 33618-2440

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

3355 BEARSS Ave

City & State

City & State
 TAMPA, FLORIDA

4. FEI Number

59-3540094

Applied For

Not Applicable

Zip

Country

Zip

Country

33618

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANDERS, WALTER
 13910 NORTH DALE MABRY HWY
 SUITE ONE
 TAMPA FL 33618

7. Name and Address of New Registered Agent

Name
 WALTER SANDERS
 Street Address (P.O. Box Number is Not Acceptable)
 3355 BEARSS Ave
 City
 TAMPA FL Zip Code
 33618

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.

SIGNATURE

Walter Sanders

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

(NOTE: Registered Agent signature required when reinstating)

04/08/00

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** Delete
 NAME **SHAHID, IMRAD**
 STREET ADDRESS **9109 WEST HILLSBOROUGH AVENUE, SUITE 208**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE Delete
 NAME
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Walter Sanders

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/00

DATE

Daytime Phone #

CR20034 (9/00)