FILED
Jul 03, 2003 8:00 am
Secretary of State
07-03-2003 90035 024 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

U01604[illegible]

DOCUMENT # P98000087215

1. Entity Name
HOSFORD PAINTING, INC.

Principal Place of Business	Mailing Address
505 SOUTHWEST 6TH ST. FORT LAUDERDALE, FL 33315-1031 US	505 SOUTHWEST 6TH ST. FORT LAUDERDALE, FL 33315-1031 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-0874233 ☐ Applied For ☐ Not Applicable

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
HASFORD, PAULA J 505 SOUTHWEST 6TH ST. FORT LAUDERDALE, FL 33315-1031	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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when amending)

FILING FEE: $150.00 (Effective January 1, 2001 the filing fee will be $400.00 unless one of the following boxes is checked to indicate this report is being filed late, amended or is the initial report for a newly formed Florida profit corporation.)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DV HOSFORD, PAULA J 505 SOUTHWEST 6TH ST. FORT LAUDERDALE, FL 333161031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOSFORD, JOHN J 505 SOUTHWEST 6TH ST. FORT LAUDERDALE, FL 333151031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: Paula Hosford 6/29/03 954-467-1663
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)