

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 91008 028 ***150.00

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

DOCUMENT # P98000098874

1. Entity Name
OVERSPRAY REMOVAL SPECIALISTS, INC.



Principal Place of Business
2 N. TAMiami TRAIL, SUITE 302
SARASOTA, FL 34236 US

Mailing Address
1654 LANDINGS BLVD
SARASOTA, FL 34231 US

2. Principal Place of Business
8854 S. Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
Riddell & Luzier
Suite, Apt. #, etc.
3400 S. Tamiami Trail, 202

City & State
Sarasota, FL

City & State
Sarasota, FL

4. FEI Number
65-0886514

Applied For
Not Applicable

Zip
34238

Country
USA

Zip
34239

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUSTARD, R. DAVID ESQ.
200 S. ORANGE AVE.
SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name LUZIER, THOMAS B., ESQ.

Street Address (P.O. Box Number Is Not Acceptable)

3400 S. TAMiami TRAIL, SUITE 202

City SARASOTA

FL Zip Code
34239

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

Thomas B. Luzier, Esq.

4/29/03

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

TITLE P
NAME COLLIARD, GEORGE ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL, STE 302
CITY-ST-ZIP SARASOTA, FL 34236

TITLE V
NAME COLLIARD, ELLEN B ☐ Delete
STREET ADDRESS 2 NORTH TAMiami TRAIL STE 302
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME COLLIARD, GEORGE
STREET ADDRESS 8854 S. TAMiami TRAIL SARASOTA, FL 34238

TITLE V ☒ Change ☐ Addition
NAME COLLIARD, ELLEN B.
STREET ADDRESS 8854 S. TAMiami TRAIL, SARASOTA, FL 34238

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4.29.03 941 926 3939

CH2E034 (10/02)