

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90517 007 \*\*\*150.00

**DOCUMENT # P99000003548**

1. Entity Name

COLOR PERFECT USA, INC.



Principal Place of Business  
4250 ALAFAYA TR.,STE.212-356  
OVIEDO FL 32765-9424

Mailing Address  
4250 ALAFAYA TR.,STE.212-356  
OVIEDO FL 32765-9424



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3553657

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

GAUSE, TOMMY  
4250 ALAFAYA TR.,STE.212-356  
OVIEDO FL 32765-9424

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 Cynthia GAUSE - [Signature]  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-6-03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D GAUSE, TOMMY 2912 DIVISION ST. OVIEDO FL 32765</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3900 Sunnybrook CT ORLANDO FL 32820</p>
<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p>D GAUSE, CYNTHIA M 2912 DIVISION ST. OVIEDO FL 32765</p> <p><input type="checkbox"/> Delete</p>	<p>TITLE NAME STREET ADDRESS CITY-ST-ZIP</p> <p><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>3900 Sunnybrook CT Orlando FL 32820</p>
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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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Gause

Date

Daytime Phone #

1-6-03 407 5686955