2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000011750 DOCUMENT # 1. Entity Name

JIMMY'S PAINT & BODY OF WALTON CO., INC.

SIGNATURE:



FILED Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90440 018 ***150.00

Principal Place of Business 14905 HIGHWAY 331 SOUTH FREEPORT FL 32439		Mailing Address 14905 HIGHWAY 33 FREEPORT FL 3243) iddikadi ika kaka takk bark abkk abkk abkk abkk abkk ikak kibar kibak kabak ba	; . Hi ha ri i n		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES	☐ CHECK HERE IF MAKING CHANGES		
City & Sta	te	City & State		, 03 0300£33 <u>— 1</u>	ed For		
Zip _	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Addition Fee Required	pplicable nal		
	6. Name and Address of (Current Registered Agent		7. Name and Address of New Registered Agent			
RRIIGH	CHESTER A		Nan				
	IGHWAY 331 SOUTH		Stre	eet Address (P.O. Box Number is Not Acceptable)	(P.O. Box Number is Not Acceptable)		
	RT FL 32439			- The state of the	5 (1.5. Box Hamber is Not Acceptable)		
11100	111 1 1 32433						
	•		City	Zip Code			
8. The above the obligat	named entity submits this state ions of registered agent.	ment for the purpose of changing	g its registered offic	ce or registered agent, or both, in the State of Florida. I am familiar with, and	accept		
Ţ.,	Signature, typed or printed name of register	red agent and title if applicable. (I	NOTE: Registered Agent si	signature required when reinstating) DATE			
After	ILE NOW!!! FEE IS \$150. May 1, 2003 Fee will be \$5 Payable to Florida Departn	50.00 nent of State	,	9. Election Campaign Financing \$5.00 M Trust Fund Contribution.	 lay Be Fees		
TITLE	D OFFICER	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11		
NAME STREET ADDRESS CITY-ST-ZIP	BRUSH, CHESTER A 14905 HIGHWAY 331 SOI FREEPORT FL 32439	L] Delete UTH	TITLE NAME STREET ADDRES CITY-ST-ZIP	_ , _	Addition		
NAME STREET ADDRESS -CITY-ST-ZIP	and the contraction of the contr	☐ Delete	TITLE NAME STREET ADDRES CITY-ST-ZIP		Addition		
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 I hereby ce indicated o of the corpo changed, o 	rtify that the information supplie n this report or supplemental re pration or the receiver or trustee or on an attacking twitt an acid	d with this filing does not qualify f port is true and accurate and that empowered to execute this repoi ges with all other like empowere	for the exemption st my signature shall rt as required by Ch d.	Litated in Section 119.07(3)(i), Florida Statutes. I further certify that the informal have the same legal effect as if made under oath; that I am an officer or dire hapter 607, Florida Statutes; and that my name appears in Block 10 or Block	ation ector < 11 if		

Date

Daytime Phone #