

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90101 040 \*\*\*150.00

**DOCUMENT # P99000034316**

1. Entity Name  
**PAINSON GARY INC.**



Principal Place of Business  
**2760 SOMERSET DR  
S\_118  
LAUDERDALE LAKES FL 33311**

Mailing Address  
**2760 SOMERSET DR  
S\_118  
LAUDERDALE LAKES FL 33311**

2. Principal Place of Business  
**7920 HAMPTON BLVD**

3. Mailing Address  
**7920 HAMPTON BLVD**

Suite, Apt. #, etc.  
**810**

Suite, Apt. #, etc.  
**810**

City & State  
**NORTH-LAUDERDALE FL**

City & State  
**NORTH-LAUDERDALE FL**

Zip  
**33068**

Country

Zip  
**33068**

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number  
**65-0914404**

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

**PAINSON, GARY  
2760 SOMERSET DR  
S\_118  
LAUDERDALE LAKES FL 33311**

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 GARY PAINSON

(NOTE: Registered Agent 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
PAINSON, GARY  
2760 SOMERSET DR, # S-118  
LAUDERDALE LAKES FL 33311**

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

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☐ Change ☐ Addition

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: GARY PAINSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)