2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000038156 DOCUMENT,#

1. Entity Name

CLARKE COOPER PAINTING, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90130 010 ***150.00

Suite, Apt # etc. Suite, Apt # etc. City & State City & State Country	5224 RIVER PARK VILLAS DRIVE ST. AUGUSTINE FL 32092		Mailing Address 5224 RIVER PARK VILLAS DRIVE ST. AUGUSTINE FL 32092				
Coys & State City & State City & State City & State Country C	2. Principal Place of Business		3. Mailing Address			/M (5500) 50001 51090 BOICH HISLINDI	
Country Zip Country Zip Country St. Certificate of Status Desired Se. 75. Additional Face Required Se. 75. Additional Face Required Sea Projection Sea Proje	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES		
COOPER, CHARLOTTE H \$224 RIVER PARK VILLAS DRIVE ST. AUGUSTINE FL 32092 8. The above named ontity submits this statement for the purpose of changing its registroot agent. or both, in the State of Foods. Lamburity with, and accept the horizontal paper and y 1,000 Fee with the State of Foods agent. SIGNATURE FILE NOW!!! FEE IS S150.00 After May 1,000 Fee with the S550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDI	City & State		City & State		4. FEI Number 59-3573413	1 - 1	
Name Size Address R.O. Box Number is Not Acceptable	Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
COOPER, CHARLOTTE H \$224 RIVER PARK VILLAS DRIVE ST. AUGUSTINE FL 32092 City FL Zip Code City FL Zip		6. Name and Address of Current	Registered Agent		7. Name and Address of New Registere	d Agent	
S224 RIVER PARK VILLAS DRIVE ST. AUGUSTINE FL 32092 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forde. I am familiar with, and accept the entire obligations of registered agent. SIGNATURE Speaker, hypotic princip agent and the registration of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of registered agent. Pooling the state of Forde. I am familiar with, and accept the entire obligations of the state of Forde. Pooling the state of Forde. P	J.			Name	Name		
ST. AUGUSTINE FL. 32092 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the if applicable. SIGNATURE Signature, begind or prinser name of agent agent agent and the if applicable. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the if applicable. (MOTE Registered Agent signature registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Or both, in the State of Florida. I am familiar with, and accept the provided agent and the if applicable. SIGNATURE Stellar NOW!!! FEE IS \$150.00	2 '			Street Addres	O. Box Number is Not Acceptable)		
City FL Zip Code						-	
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		ertify that the information supplied with	this filing does not qualify fo		Section 119.07(3)(i). Florida Statutes, i further o	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: