2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P9900

Mailing Address

14101 1/2 N. BAYSHORE DRIVE

MADEIRA BEACH FL 33708

1. Entity Name

STITT PAINTING, INC.

Principal Place of Business

MADEIRA BEACH FL 33708

14101 1/2 N. BAYSHORE DRIVE



FILED Jan 13, 2003 8:00 am Secretary of State 01-13-2003 90409 043 ***150.00

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Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Scily & State	2. Principal I	Place of Business		1.To 460	
Seminola (FOTIDA Seminola Seminola FC				V (ELYMOR)	
6. Name and Address of Current Registered Agent STITT, THOMAS C 14101 1/2 N. BAYSHORE DRIVE MADERA BEACH FL. 33708 8. The above named entity submits this statement for the purpose of changing its registered deficient or registered agent, or both in the State of Fords. I. am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 NAME STITT, THOMAS C STITT,	Semin	ioce, Florida	Seminole,		59-35/83/2 Not Applicable
STITT, THOMAS C 14101 1/2 N. BAYSHORE DRIVE MADEIRA BEACH FL 33708 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 acceptance of registered agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of registered agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the state of Florida agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the state of Florida agent and the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptance of the statement of State of Florida agent and the statement of Sta	Zip 33 r	172 PINELLAS	^{Zip} 33772	PINEWAS	5. Certificate of Status Desired S8.75 Additional Fee Required
STITT, THOMAS C 14101 1/2 N. BAYSHORE DRIVE MADEIRA BEACH FL 33708 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, and the obligations of registered agent. 9. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND SIRECTORS 11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11. INTE. MAKE SIRET ADDRESS 14101 1/2 N. BAYSHORE DRIVE MADEIRA BEACH FL 33708 11. ADDITIONS (CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE SIRET ADDRESS 14101 1/2 N. BAYSHORE DRIVE MANE SIRET ADDRESS 14101 1/2 N. BAYSHORE DRIVE MANE SIRET ADDRESS 1617-51-29 Delete MADEIRA BEACH FL 33708 Delete TITLE MAKE SIRET ADDRESS 1617-51-29 Delete MANE SIRET ADDRESS 1617-51-29 Delete MAKE SIRET ADDRESS 1617-51-29 TITLE		6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent
B. 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 acceptine obligations of registered agent. Company Com	14101 1/2	N. BAYSHORE DRIVE	-	Street Add	323 12nd Terrace North
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME SITIT, THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND DIRECTORS TITLE NAME NAME NAME SIREET ADDRESS TITL, THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND DIRECTORS TITLE NAME NAME NAME SIREET ADDRESS TITL, THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND Delete TITLE NAME SIREET ADDRESS TITL, THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND Delete TITLE NAME SIREET ADDRESS TITLE THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME SIREET ADDRESS TITLE THOMAS C 14101 1/2 N. BAYSHORE DRIVE OTHERS AND Delete TITLE NAME SIREET ADDRESS TITLE THOMAS C 11323 7) A.J. Terrace A. C Change Addition Addition Addition Addition TITLE NAME SIREET ADDRESS TITLE THOMAS C 1111 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME SIREET ADDRESS TITLE THOMAS C 1111 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME SIREET ADDRESS TITLE THOMAS C 1111 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME SIREET ADDRESS TITLE THOMAS C 1111 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME SIREET ADDRESS TITLE THOMAS C 1111 1/2 N. BAYSHORE DRIVE OTHERS AND DELETE TITLE NAME NAME NAME NAME NAME NAME NAME SIREET ADDRESS TITLE THOMAS C NAME NAME NAME NAME NAME NAME SIREET ADDRESS TITLE THOMAS TITLE NAME NAME NAME NAME NAME NAME SIREET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE ADDRESS TITLE THOMAS TITLE NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME NAME SIRET ADDRESS TITLE THOMAS TITLE NAME THOMAS TH	the obliga	tions of registered agent.	It Them	registered office or re	registered agent, or both, in the State of Florida. I am familiar with, and accept TITI President 74 8 03
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	NAME STREET ADDRESS		□ Delete	NAME STREET ADDRESS	☐ Change ☐ Addition

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. JA~803

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR