

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 18, 2003 8:00 am**  
**Secretary of State**

07-18-2003 90082 006 \*\*\*550.00

0014245 AV

**DOCUMENT # P99000073831**

1. Entity Name

COURNOYER PAINTING COMPANY, INC.



Principal Place of Business

326 1/2 BIG TREE RD  
DAYTONA BEACH FL 32119

Mailing Address

326 1/2 BIG TREE RD  
DAYTONA BEACH FL 32119

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

59-3590430

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BELUS, ALLEN

435 S. RIDGEWOOD AVENUE, #210

DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

Kevin W. Cournoyer

Street Address (P.O. Box Number is Not Acceptable)

326 1/2 Big Tree Rd.

City

S. Daytona

FL

Zip Code

32119

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

Kevin W. Cournoyer President

6-16-03

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P  
COURNOYER, KEVIN  
1216 THOMASINA DRIVE  
PORT ORANGE FL 32119

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

P  
Cournoyer, Kevin  
326 1/2 Big Tree Rd.  
South Daytona, FL 32119

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

6-16-03

Date

386 304-7437

Daytime Phone #

CR2E034 (10/02)