

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90977 050 \*\*\*150.00

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**DOCUMENT # P99000097040**

**1. Entity Name**  
**PASCO PAINTER'S SUPPLY, INC.**



**Principal Place of Business**  
**7435 BANNER ST.**  
**NEW PORT RICHEY FL 34653**

**Mailing Address**  
**7435 BANNER ST.**  
**NEW PORT RICHEY FL 34653**



**2. Principal Place of Business**  
**7435 Banner St.**

**3. Mailing Address**  
**7435 Banner St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

**City & State**  
**New Port Richey**  
**Zip**  
**34653**  
**Country**  
**PASCO**

**City & State**  
**New Port Richey**  
**Zip**  
**34653**  
**Country**  
**PASCO**

**4. FEI Number** **59-3605118**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WEBER, WILLIAM N**  
**7435 BANNER ST.**  
**NEW PORT RICHEY FL 34653**

**7. Name and Address of New Registered Agent**

**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**

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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>WEBER, WILLIAM N</b>	<b>7435 BANNER ST.</b>	<b>NEW PORT RICHEY FL 34653</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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:** *William N. Weber*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/28/03**

Daytime Phone #

**727 850-0422**

CR2E034 (10/02)