

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
 04-10-2001 90089 008 ***150.00

0118175

DOCUMENT # S64030

1. Entity Name

THE COLORFUL WORLD OF ARCHER PAINTING, INC.

Principal Place of Business

**14 BARRACUDA LANE
 N KEY LARGO FL 33037**

Mailing Address

**100 ANCHOR DR
 #32
 N KEY LARGO FL 33037
 US**

2. Principal Place of Business

3. Mailing Address

24 Dockside Ln. PMB 32

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Key Largo FL

4. FEI Number

65-0269837

Applied For

Not Applicable

Zip

Country

Zip

Country

33037

USA

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

**CARLSON, ROBERT E.
 15600 SW 288TH ST.
 HOMESTEAD FL 33033**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 ARCHER, BRUCE A.
 31415 S.W. 193 AVENUE
 HOMESTEAD FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 Bruce A. Archer
 24 Dockside Ln. PMB 32
 Key Largo, FL 33037** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VS
 ARCHER, HEATHER M.
 31415 S.W. 193 AVENUE
 HOMESTEAD FL** ☒ Delete

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce A. Archer

Date

3/28/01

Daytime Phone #

305-367-3762

CR2E034 (10/00)