


FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90717 049 ***150.00

06557708 AV

DOCUMENT # V20425

1. Entity Name
C.C. PAINTING ENTERPRISES, INC.



Principal Place of Business
2983 LOCKWOOD MEADOW BLVD.
SARASOTA FL 34234

Mailing Address
2983 LOCKWOOD MEADOW BLVD.
SARASOTA FL 34234

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

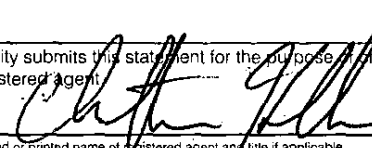
4. FEI Number 65-0321250

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HOBBS, CHRISTOPHER
2983 LOCKWOOD MEADOW BLVD.
SARASOTA FL 34234

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  CHRISTOPHER HOBBS 4/28/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D HOBBS, CHRISTOPHER
2983 LOCKWOOD MEADOW BLV
SARASOTA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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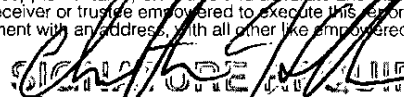
NAME

STREET ADDRESS

CITY-ST-ZIP


☐ Change ☐ 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:  CHRISTOPHER HOBBS 4/28/03 941-346-3798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Secretary of State

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☐ CHECK HERE IF MAKING CHANGES