

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90237 002 \*\*\*150.00

**DOCUMENT # V53599**

1. Entity Name  
**DISTINCTIVE WALLPAPERING & PAINTING INC.**



Principal Place of Business  
**2100 55TH AVE  
VERO BEACH FL 32966**

Mailing Address  
**2100 55TH AVE  
VERO BEACH FL 32966**



2. Principal Place of Business  
**7464 16 TH MANOR**

3. Mailing Address  
**7464 16 TH MANOR**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**VERO BEACH FL**

City & State  
**VERO BEACH FL**

4. FEI Number **65-0347897** Applied For   
Not Applicable

Zip **32966** Country **USA** Zip **32966** Country **USA**

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

6. Name and Address of Current Registered Agent  
**GUESS, THOMAS J.  
2100 55TH AVE  
VERO BEACH FL 32966**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**7464 16 TH MANOR**  
City **VERO BEACH FL** Zip Code **32966**

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 \_\_\_\_\_ (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	<b>D</b> <b>GUESS, THOMAS J.</b> <b>2100 55TH AVE</b> <b>VERO BEACH FL 32966</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7464 16 TH MANOR</b> <b>VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUESS, DEBORAH A.</b> <b>2100 55TH AVE</b> <b>VERO BEACH FL 32966</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
			<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>7464 16 TH MANOR</b> <b>VERO BEACH FL 32966</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:** Thomas J. Guess, President **4-30-03** **772-299-1499**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)