2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#811814

Entity Name: HARTMAN-WALSH PAINTING COMPANY

FILED Jul 05, 2002 8:00 AM Secretary of State

		TO TO THE STATE OF	**				
Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:			
	TH MARKET S JIS, MO 6313:						
Current M	ailing Addres	s:	New Mailing Address:				
	TH MARKET S JIS, MO 6313:	· ·					
FEI Number:	43-0644938	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired	1()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
MOORE, N 112 DRUIE WARRING	DR DR						
	named entity s of Florida.	submits this statement for the p	urpose of changing i	ts registered	d office or registered agent, c	or both,	
SIGNATUR	RE:						
	Electron	ic Signature of Registered Age	t Date				
•	_	satisfy its Intangible Tax filing requ Trust Fund Contribution ().	irement and elects to c	lo so (X).			
OFFICERS	S AND DIREC	TORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () SMITH, EDWAR 5 HOBBS MILL ST CHARLES, I		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VP () BURBANK, GER P.O. BOX168 A VALCAN, MD	·	Title: Name: Address: City-St-Zip:	VP CHISM, STE R.R. #2, BOX BRIGHTON,	K 148B		
Title: Name: Address: City-St-Zip:	S () WRIGHT, ELLE 2428 MARY ST. LOUIS, MO	Delete N,	Title: Name: Address: City-St-Zip:	SHAPIRO, D	STON PLACE DR		
Title:	T ()	Delete	Title:	Т	(X) Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SHAPIRO, DAVID C.

BALLWIN, MO 63021

418 REMINGTON PLACE DR

SIGNATURE: DAVID C SHAPIRO S 07/05/2002

SHAPIRO, DAVID C.

412 GLAN TAI DR

MANCHESTER, MD

Name:

Address:

City-St-Zip: