2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90092 023 ***150.00

DOCUMENT # K-79031

1. Entity Name
GENE GARZZILLO PAINTING, INC.

Principal Place of Business	Mailing Address
701 N.W. 93rd Terr Pembroke Pines, FL 33024-6343	701 N.W. 93rd Terr Pembroke Pines, FL 33024-6343

[redacted]

2. Principal Place of Business		3. Mailing Address	
701 N.W. 93rd Terr		701 N.W. 93rd Terr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Pembroke Pines, FL		City & State: Pembroke Pines, FL	
Zip: 33024-6343	Country: USA	Zip: 33024-6343	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0123712 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Garzzillo, Eugene
701 N.W. 93rd Terr
Pembroke Pines, FL 33024-6343

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 701 N.W. 93rd Terr
City Pembroke Pines, FL FL Zip Code 33024-6343

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 X Eugene Garzzillo
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, 2002 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	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	Garzzillo, Eugene	NAME	
STREET ADDRESS	701 N.W. 93rd Terr.	STREET ADDRESS	701 N.W. 93rd Terr
CITY-ST-ZIP	Pembroke Pines, FL 33024-6343	CITY-ST-ZIP	Pembroke Pines, FL 33024-6343
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: X Eugene Garzzillo (954) 554-2939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (9/01)