

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90489 008 \*\*\*150.00

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**DOCUMENT # P00000083515**

1. Entity Name  
**MASSACCESI WALLCOVERING & PAINT, INC.**



Principal Place of Business  
**229 ST. CLOUD VILLAGE CT.  
APT # 104  
KISSIMMEE FL 33744**

Mailing Address  
**229 ST. CLOUD VILLAGE CT.  
APT # 104  
KISSIMMEE FL 33744**



2. Principal Place of Business  
**4308 Sawyer circle  
Suite, Apt. #, etc.  
Apt. # B  
City & State  
St. Cloud, FL**

3. Mailing Address  
**4308 Sawyer circle  
Suite, Apt. #, etc.  
Apt. # B  
City & State  
St. Cloud, FL**

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1036409** Applied For  Not Applicable

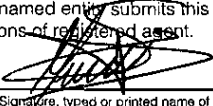
5. Certificate of Status Desired  **\$8.75** Additional Fee Required

Zip **34772** Country **USA** Zip **34772** Country **USA**

6. Name and Address of Current Registered Agent  
**MASSACCESI, SERGIO  
17901 NE 68 AVE #T-205  
MIAMI FL 33015**

7. Name and Address of New Registered Agent  
Name **MASSACCESI, Sergio**  
Street Address (P.O. Box Number is Not Acceptable)  
**4308 Sawyer Circle**  
City **St. Cloud** FL Zip Code **34772**

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  DATE **4/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASSACCESI, SERGIO</b>	
STREET ADDRESS	<b>229 ST. CLOUD VILLAGE CT. APT 104</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MASSACCESI, LILIAN A</b>	
STREET ADDRESS	<b>229 ST. CLOUD VILLAGE CT. APT 104</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSACCESI, Sergio</b>	
STREET ADDRESS	<b>4308 Sawyer circle Apt. B</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34772</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MASSACCESI, Lilian A.</b>	
STREET ADDRESS	<b>4308 Sawyer circle Apt. B</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34772</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 my address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** DATE **4/15/03** DAYTIME PHONE # **(407) 892-586**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)