

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90009 039 ***150.00

UBR0202 AI

DOCUMENT # P32894
 1. Entity Name
SERVICE PAINTING COMPANY OF TEXAS

Principal Place of Business Mailing Address
P.O. BOX 2353 BEAUMONT TX 77704 **P.O. BOX 2353 BEAUMONT TX 77704**

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 **76-0025370** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.
 SIGNATURE _____ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	WAITS, GUS	
STREET ADDRESS	2260 EDSON DRIVE	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUCHARME, LARRY	
STREET ADDRESS	904 LOUISE	
CITY-ST-ZIP	NEDERLAND TX	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, PHIL	
STREET ADDRESS	1401 WELLINGTON OAKS	
CITY-ST-ZIP	BEAUMONT TX 77706	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, JERROLD R.	
STREET ADDRESS	1245 SHERIDAN	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, BONITA	
STREET ADDRESS	1245 SHERIDAN	
CITY-ST-ZIP	BEAUMONT TX	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, BRADEN J.	
STREET ADDRESS	4855 CHRISTINA	
CITY-ST-ZIP	BEAUMONT TX	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: *[Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/15/02** Date Daytime Phone #

CR2E034 (9/01)