

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90092 048 ***150.00

DOCUMENT # P97000063612

1. Entity Name
JACQUIE'S PAINTING AND DRYWALL, INC.

Principal Place of Business 13956 OSPREY LINKS RD #54 ORLANDO FL 32837 US	Mailing Address 13956 OSPREY LINKS RD #54 ORLANDO FL 32837 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 14043 OSPREY LINKS RD	3. Mailing Address 14043 OSPREY LINKS RD
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Suite, Apt. #, etc. # 399	Suite, Apt. #, etc. # 399
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City & State ORLANDO, FL	City & State ORLANDO, FL
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4. FEI Number 59-3457498	Applied For Not Applicable
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Zip 32837	Country U.S.	Zip 32837	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARTIN, JACQUIE
13956 OSPREY LINKS RD #54
ORLANDO FL 32837

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, JACQUIE 13956 OSPREY LINKS RD #54 ORLANDO FL 32837 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. MARTIN, JACQUIE 14043 OSPREY LINKS RD #399 ORLANDO, FL 32837 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition OR ADDRESS ONLY
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
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
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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 REQUIRED 4/16/02 407 240 5678
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)