

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**

0085583

DOCUMENT # P98000031001

1. Entity Name

**G & R PAINTING, INC.**

04-26-2001 90293 002 \*\*\*150.00

Principal Place of Business      Mailing Address  
**975 17TH PLACE SW**      **975 17TH PLACE SW**  
**VERO BEACH FL 32962**      **VERO BEACH FL 32962**

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **65-0511797**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOFF, TERRY**  
**1940 10TH AVENUE, SUITE C**  
**VERO BEACH FL 32960**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

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, 2001 Fee will be \$350.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GARONE, ROBERT</b>	
STREET ADDRESS	<b>975 17TH PLACE SW</b>	
CITY-ST-ZIP	<b>VERO BEACH FL 32962</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(c), 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 empowerers.

SIGNATURES:

*Robert Garone*

4/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)