## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jul 16, 2002 8:00 am Secrétary of State P9900039501 DOCUMENT # 1. Entity Name 07-16-2002 90359 006 \*\*\*150 00 FIRST CHOICE PAINTING INC Principal Place of Business Mailing Address 8457 SHERATON DR 8457 SHERATON DR MIRAMAR FL 33025 MIRAMAR FL 33025 2. Principal Place of Business 3. Mailing Address <u>8454Sheta</u> 8457 Sheraton D.R Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Meramar City & State City & State 4. FEI Number Applied For 65-0930806 miramar *3*3025 Not Applicable Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33025. 3.30 2J U.S.A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Barrington maxwell MAXWELL, BABRINGTON 8H5F Sherator DR MIRAMAR F133025 O. Box Number is Not Asceptable) Sheka roh 18900 NW 32ND AVE. MIAMLEL 33,156 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 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 FILE NOW!!! FEE IS \$550,00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAXWELL. BARRINGTON NAME STREET ADDRESS 8457 SHERATON DR. STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-ZIP TITLE PD Delete TITLE ☐ Change ☐ Addition NAME MAXWELL, ELFREDA NAME STREET ADDRESS 8457 SHERATON DR STREET ADDRESS CITY-ST-ZIP MIRAMAR FL 33025 CITY-ST-7IP Barrington maxwell Delete 8451 SHERAIGN DR TITLE -TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Mitamat Fl 33025. CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition NAME ELFREOR MAxWLUSTREET ADDRESS STREET ADDRESS HOT SHERRION THAT CITY-ST-ZIP CITY-ST-ZIP Secretary Barring an TITLE 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

FILED

ARRINGton Maxwell



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8457 Sheraton Dr. Miramar FL 33025 Phone: (954) 592-5147 Fax: (954) 447-9745 FL Lic.# 00330010

July 10, 2002

Division Of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500

Dear Department Of State:

I received my annual Uniform business Report form on July 6, 2002 and this cause late filing on my behalf. I am requesting consideration for filing late based on this.

Sincerely

Mr. Barrington Maxwell Proprietor/President