

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90085 036 ***158.75

DOCUMENT # P99000039501

1. Entity Name
FIRST CHOICE PAINTING INC



Principal Place of Business
**8457 SHERATON DR
MIRAMAR FL 33025**

Mailing Address
**8457 SHERATON DR
MIRAMAR FL 33025**

2. Principal Place of Business

First Choice Painting
Suite, Apt. #, etc.

8457 Sheraton Drive
City & State

Miramar Florida

Zip **33025** Country **USA**

3. Mailing Address

First Choice
Suite, Apt. #, etc.

8457 Sheraton DR.
City & State

Miramar Florida

Zip **33025** Country **USA**



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0930806**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAXWELL BARRINGTON
8457 SHERATON DR
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name **Barrington Maxwell**
Street Address (P.O. Box Number is Not Acceptable)
8457 Sheraton Drive

City **Miramar**

FL Zip Code **33025**

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 **BA Barrington**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **3/11/03**

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 **SD**
NAME **MAXWELL BARRINGTON** ☐ Delete
STREET ADDRESS **8457 SHERATON DR.**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE **PD**
NAME **MAXWELL, ELFREDA** ☐ Delete
STREET ADDRESS **8457 SHERATON DR**
CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 an address, with all other like empowered.

SIGNATURE: **BA Barrington**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **954-598-5147**
Daytime Phone #

CR2E034 (10/02)