## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **V39661** Mar 04, 2000 8:00 am 1. Entity Name **Secretary of State** ENRICO'S PAINTING, INC. 03-04-2000 90034 015 \*\*\*150.00 Principal Place of Business Mailing Address 2846 S.W. 50TH TERRACE 2846 S.W. 50TH TERRACE CAPE CORAL FL 33914-6035 CAPE CORAL FL 33914 01/000 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0337910 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENRICO, RAYMOND FRANK Street Address (P.O. Box Number is Not Acceptable) 2846 S.W. 50TH TERRACE CAPE CORAL FL 33914 Zip Code FL 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. t and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its In FILE NOW!!! FEE IS \$150.00 angible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do s After MAY 1, 2000 Fee will be \$550.00 ust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **OFFICERS DIRECTORS** 12. Change Addition TITLE TITLE Delete MUNNIZZI, PAUL NAME 12740 EQUESTRIAN CIRCLE, #2907 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33907 TITLE" Change Addition Delete TITLE LEVIN, IVAN ROLF NAME NAME P.O. BOX 6644 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33911 Change Addition Detete ARTEAGA, EDSON NAME NAME 2705 S.W. 3RD AVENUE STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33914 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE (serrano) NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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. JIMINE ENNES POLS.