

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000032087

1. Entity Name  
**PETER HYSNI PAINTING, INC.**

Principal Place of Business

1100 JACKMAR ROAD  
DUNEDIN FL 34698

Mailing Address

P O BOX 114  
DUNEDIN FL 34697

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3243286**

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

**HYSNI, PETE**  
1100 JACKMAR ROAD  
DUNEDIN FL 34698

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

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 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 \$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

TITLE **P** ☐ Delete  
NAME **HYSNI, PETE**  
STREET ADDRESS **1100 JACKMAR ROAD**  
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE **T** ☐ Change ☒ Addition  
NAME **SANDS, JONATHAN**  
STREET ADDRESS **505 1/2 E. CARACAS ST.**  
CITY-ST-ZIP **TAMPA, FL 33603**

TITLE **VP** ☐ Delete  
NAME **STOLZ, FRED**  
STREET ADDRESS **115 W GENESEE ST**  
CITY-ST-ZIP **TAMPA FL 33603**

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

TITLE **S** ☐ Delete  
NAME **COX, JAMES**  
STREET ADDRESS **1244 1/2 WOODLAWN TERR**  
CITY-ST-ZIP **CLEARWATER FL 33755**

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

TITLE **T** ☒ Delete  
NAME **BARRETT, TIM**  
STREET ADDRESS **8819 78TH PL NORTH**  
CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **T** ☐ Delete  
NAME **LOATHAN, S.**  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE **T** ☐ Delete  
NAME **LOATHAN, S.**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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)(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:

**PETE HYSNI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/12/01**  
Date

**727-639-5760**  
Daytime Phone #

**FILED**  
**Apr 17, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90018 028 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)