2002 UNIFORM BUSINESS REPORT (UBR)

Bendamin Carswell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

DOCUMENT # F000000009 1. Entity Name A. C. PAINTING, INC.					Secretary of State 04-22-2002 90305 043 ***150.00			
Principal Place of Business 612 EST IRIS DRIVE NASHVILLE TN 37204		Mailing Address 612 EST IRIS DRIVE NASHVILLE TN 37204						
		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For			
City & State		City & State		4. +	62-1556348	Not	t Applicable	
Zip	Country	Zip	Country	5. (Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current Re	gistered Agent	Name	7. N	lame and Address of New Regist	ered Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324			City	FL Zip Code				
Tax filing r	Signature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After May 1, 2002 Make Check Payable	Fee will be \$5	00 550.00 t of State	10. Election Campaign Financin Trust Fund Contribution.	☐ Added	0 May Be to Fees	
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARSWELL, BENJAMIN E 4019 FRANKLIN ROAD NASHVILLE TN 37204	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, RICHARD L 1701 KENESAW DRIVE NASHVILLE TN 37215	X Delete	NAME STREET ADDRESS	George	resident Bishop mpton Ct in TN 37064	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Delete MORGAN, MARY W 1701 KENESAW DRIVE NASHVILLE TN 37215		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia Carswell 4019 Franklin Rd. Nashville, TN 37204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition ↓	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
13. I hereby of indicated of the corchanged,	certify that the information supplied with the on this report or supplied mental report is to poration or the receiver or trudge empower, or on an attack ment with an address, with	is fling does not qualify for the and accurate and that my ered to execute this sport as had other like endowered.	ne exemption star signature shall he required by Cha	ted in Section ave the same aprer 607, Flori	119.07(3)(i), Florida Statutes. I furth legal effect as if made under oath; I da Statutes; and that my name app	er certify that the in that I am an officer lears in Block 11 or	or director Block 12 if	