

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90097 021 ***150.00

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
1844 MARY'S MEADOW LN
 Suite, Apt. #, etc.

3. Mailing Address
1844 MARY'S MEADOW LN
 Suite, Apt. #, etc.

City & State
PALM HARBOR

City & State
PALM HARBOR

4. FEI Number **59-3243286**

Applied For
☐ **Not Applicable**

Zip **FL** **Country** **US**

Zip **34683** **Country** **USA**

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 *Pete Hysni* **PETE HYSNI** **PRESIDENT**

4-22-02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HYSNI, PETE 1100 JACKMAR ROAD DUNEDIN FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOLZ, FRED 115 W GENESEE ST TAMPA FL 33603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COX, JAMES 12441/2 WOODLAWN TERR CLEARWATER FL 33755	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANDS, JOHNATHAN 505 1/2 E CARACAS ST TAMPA FL 33603	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

4-22-02
 Date

727-639-5760
 Daytime Phone #

CR2E034 (9/01)