

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 372941

1. Entity Name
T & S PAINTING AND DECORATING, INC.

Principal Place of Business

4314 HARTFORD ST.
TAMPA FL 33619

Mailing Address

4314 HARTFORD ST.
TAMPA FL 33619

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1317387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TRAINA, JOSEPH
4314 HARTFORD ST.
TAMPA FL 33619

7. Name and Address of New Registered Agent

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, 2002 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

TITLE ☐ Delete
NAME PSD
STREET ADDRESS TRAINA, ROSE LEE
CITY-ST-ZIP 4314 HARTFORD ST.
TAMPA, FL 00000

TITLE ☐ Delete
NAME SVP
STREET ADDRESS TRAINA, JOSEPH
CITY-ST-ZIP 4314 HARTFORD ST.
TAMPA, FL 00000

TITLE ☐ Delete
NAME VD
STREET ADDRESS TRAINA, MARK
CITY-ST-ZIP 1719 CARNEGIE CIRCLE
TAMPA FL

TITLE ☐ Delete
NAME T
STREET ADDRESS GREENE, TAMMY L
CITY-ST-ZIP 533 GENESSEE SDT
TAMPA FL

TITLE ☐ Delete
NAME S
STREET ADDRESS GREENE, TAMMY L
CITY-ST-ZIP 501 W. GENESSEE STREET
TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90197 030 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)