

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90035 009 ***150.00

DOCUMENT # 395810

1. Entity Name

ROBERT SANTUCCI PAINTING CONTRACTOR, INC.

Principal Place of Business

**3032 E COMMERCIAL BLVD
PMB 42
FORT LAUDERDALE FL 33308
US**

Mailing Address

~~4364 CARAMBOLA CIRCLE N~~
~~COCONUT CREEK FL 33008~~
~~US~~
new

2. Principal Place of Business

3. Mailing Address

3032 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB-42

City & State

City & State

Fort Lauderdale, FL 33308

4. FEI Number **59-1379577**

Applied For

Not Applicable

Zip

Country

Zip

Country

33308

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

**SANTUCCI, ROBERT
3032 E COMMERCIAL BLVD
PMB 42
FORT LAUDERDALE FL 33308**

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 ☐ Delete
NAME **TD**
STREET ADDRESS **HOUSTON, LINDA**
CITY-ST-ZIP **4364 CARAMBOLA CIRCLE NO
COCONUT CREEK FL**

☒ Change ☐ Addition
**88-54 74 Ave
Glendale, NY 11385-7924**

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **SANTUCCI, ROBERT JR**
CITY-ST-ZIP **3032 E COMMERCIAL BLVD
FORT LAUDERDALE FL 33308**

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-01

Date

(954) 565-4011

Daytime Phone #

CR2E034 (10/00)