

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 504337

1. Entity Name

ED FRENCH PAINTING, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90045 023 ***150.00

Principal Place of Business

579 N.E. 42ND STREET
OAKLAND PARK FL 33334-3111

Mailing Address

579 N.E. 42ND STREET
OAKLAND PARK FL 33334-3111

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 59-1665143

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

FRENCH, ROBIN
1809 CORAL GARDENS DR.
WILTON MANORS FL 33306

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	VD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, EDWARD	
STREET ADDRESS	55 N E 25TH ST	
CITY-ST-ZIP	WILTON MANORS FL 33305	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRENCH, ROBIN	
STREET ADDRESS	1809 CORAL GARDENS DR	
CITY-ST-ZIP	WILTON MANORS FL 33306	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FRENCH, KATHLEEN	
STREET ADDRESS	1809 CORAL GARDENS DR	
CITY-ST-ZIP	WILTON MANORS FL 33306	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCH, KATHLEEN	
STREET ADDRESS	1809 CORAL GARDENS DR.	
CITY-ST-ZIP	WILTON MANORS, FL 33306	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRENCH, JEAN	
STREET ADDRESS	55 N E 25 ST	
CITY-ST-ZIP	WILTON MANORS, FL 33305	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

4-13-01

954-565-1445

CR2E034 (10/00)