## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 19, 2002 8:00 am Secretary of State

DOCUMENT # 5149260					Secretary of State 03-19-2002 90033 018 ***150.00	
FRAN	K W. BRUEGGER	Painting & D	ecor.	ATING INC.		
	DO NOT WRITE	IN THIS S	PACI	E		:
	Place of Business	3. Mailing Address				
15892 E. WIND CIRCLE Suite, Apt. #, etc.			Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
		Salto, 7 (St. 11, Sto.				3 01 102
City & State	ISE , FLORIDA	City & State SUN RISE F	-دەي	DA 4	FEI Number 59 - 1702520	Applied For Not Applicable
Zip 333	Country Country	عا3333 عا25	Country	y 5	i. Certificate of Status Desired	\$8.75 Additional Fee Required
	20		<del></del> _	7.	Name and Address of Current Register	
				Name		
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)		
	in this sf	'ACE		***************************************	· · · · · · · · · · · · · · · · · · ·	
			-	City	Fi	Zip Code
8. The above	e named entity submits this statement for	or the purpose of changing its	s registered	office or registered a	agent, or both, in the State of Florida.	
	OL Lhi B.	FRA	NK W A	SCIECLOR TI	R. President 2/2	10.7
SIGNATURE .	Signature, typed or printed name of registered agent			Agent signature required when		16/02
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		January 1 - B	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of St		<del></del>	
Tax filing re	requirement and elects to do so.	After May Amende	1, Fee is	\$550.00 \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Tax filing re (See criter	requirement and elects to do so. ria on back)  OFFICERS AND	After May Amende Make Check Payal	/ 1, Fee is ed UBR is ble to Dep	\$550.00 \$61.25		
Tax filing re (See criter	requirement and elects to do so. ria on back)  OFFICERS AND  PRESIDENT	After May Amende Make Check Payal DIRECTORS	1, Fee is	\$550.00 \$61.25		
Tax filing re (See criter  11.  TITLE  NAME  STREET ADDRESS	PRESIDENT FRANK W. BRUEGGE	After May Amende Make Check Payal DIRECTORS   C JR.  C DRIVE	1, Fee is d UBR is ble to Dep	\$550.00 \$61.25 artment of State		
Tax filing or (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	requirement and elects to do so. ria on back)  OFFICERS AND  PRESIDENT	After May Amende Make Check Payal DIRECTORS   C JR.  C DRIVE	I, Fee is du UBR is ble to Dep  TIPLE NAME STREET CITY-S	\$550.00 \$61.25 artment of State		
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Tax filing or (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PRESIDENT FRANK W. BRUEGGE 16703 W. PLEASURE LOXADATCHEE, FIL	After May Amende Make Check Payal DIRECTORS  C. JR. C. DRIVE  33470	1, Fee is sed UBR is ble to Dep  TIPLE NAME STREET CITY-S' TITLE NAME	\$550.00 \$61.25 artment of State  ADDRESS 1-ZIP  ADDRESS		
Tax filing or (See criter  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	PRESIDENT FRANK W. BRUEGGE 16703 W. PLEASURE LOXABATCHEE, FILL  VICE PRESIDENT HARRIET BRUEGGE	After May Amende Make Check Payal DIRECTORS  R JR. e DRIVE 1. 33470	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-ST TITLE NAME STREET CITY-ST TITLE NAME	\$550.00 \$61.25 artment of State ADDRESS 1-ZIP		
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Tax filing or (See criter)  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME TITLE NAME	PRESIDENT FRANK W. BRUEGGE 16703 W. PLEASURE LOXABATCHEE, FILL  VICE PRESIDENT HARRIET BRUEGGE 16703 W. PLEASURE 16703 W. PLEASURE 16703 W. PLEASURE 16703 W. PLEASURE	After May Amende Make Check Payal DIRECTORS  R JR. e DRIVE 4. 33470	1, Fee is so UBR is ble to Dep  TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI TITLE NAME STREET CITY-SI	\$550.00 \$61.25 artment of State  ADDRESS 1-ZIP  ADDRESS 1-ZIP  ADDRESS 1-ZIP	DO NOT WR	Added to Fees
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

president

2/26/02

561-333-3389 305-754-1577

Daytime Pho