

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90294 036 ***150.00

DOCUMENT # 590810

1. Entity Name
SEA SPRAY DRYWALL TEXTURES, INC.



Principal Place of Business
**P O BOX 101273
CAPE CORAL FL 33910**

Mailing Address
**6420 TOPAZ CT
P O BOX 101273
CAPE CORAL FL 33910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1852944**

Applied For
Not Applicable

Zip *

Country

Zip

Country

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

**ANGELO, FRANK JR.
5342 BAYPOINT CT.
CAPE CORAL FL 33904**

Name **ANGELO FRANK JR.**

Street Address (P.O. Box Number is Not Acceptable)

264 BAYSHORE DR.

City **CAPE CORAL** FL Zip Code **33904**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **ANGELO, FRANK JR.**
CITY-ST-ZIP **5342 BAYPOINT CT
CAPE CORAL FL 33904**

☒ Change ☐ Addition
NAME **ANGELO FRANK JR.**
STREET ADDRESS **264 BAYSHORE DR**
CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **ANGELO, CATHERINE V.**
CITY-ST-ZIP **5342 BAYPOINT CT
CAPE CORAL FL 33904**

☒ Change ☐ Addition
NAME **ANGELO CATHERINE V**
STREET ADDRESS **264 BAYSHORE DR**
CITY-ST-ZIP **CAPE CORAL FL 33904**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **FRANK ANGELO** 1/31/03 239-931-0011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)