## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 21, 2002 8:00 am **Secretary of State** DOCUMENT # 593753 1. Entity Name 02-21-2002 90041 020 \*\*\*150.00 ACCENT PAINTING AND DECORATING, INC. Principal Place of Business Mailing Address 5074 LIDO STREET 5074 LIDO STREET ORLANDO FL 32807 ORLANDO FL 32807 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1864014 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOYNER, JOEL L. Street Address (P.O. Box Number is Not Acceptable) 5074 LIDO STREET ORLANDO FL 32807 City 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) Delete JILE TITLE ☐ Change ☐ Addition JOYNER, JOEL L. NAME NAME STREET ADDRESS 5074 LIDO STREET STREET ADDRESS ORLANDO FL CITY-ST-ZIP CITY-ST-ZIP TITLE ST ☐ Delete TITLE ☐ Change ☐ Addition JOYNER, LORELEA NAME NAME STREET ADDRESS STREET ADDRESS 5074 LIDO STREET CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

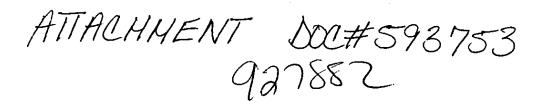
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

FILED



## NEW MAILING ADDRESS NOTICE ---

Please note below our "New Mailing address" to read as follows:

ACCENT PAINTING & DECORATING 4524 Curry Ford Road #226 Orlando, Florida 32812

Phone & Fax Remain the same as follows:

Ph: (407) 277-6609

Fax: (407) 277-4346

Please make note of this change for future reference.

Thank you!!

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