

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 665283

1. Entity Name

ZAMBELLO PAINTING, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90009 025 ***150.00

Principal Place of Business

C/O MARK ZAMBELLO
6112 LINNEAL BEACH DR.
APOPKA FL 32703
US

Mailing Address

C/O EDWARD M. LIVINGSTON, ESQ.
628 ELLEN DR., P.O. BOX 1599
WINTER PARK FL 32790
US

644676



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FBI Number

59-1998988

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

LIVINGSTON, EDWARD M, ESQUIRE
628 ELLEN DRIVE
WINTER PARK FL 32790

Name

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

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

Signature, typed or printed name of registered agent and title (See back)

(NOTE: Registered Agent's signature required when withdrawing)

DATE

9. Is this corporation 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

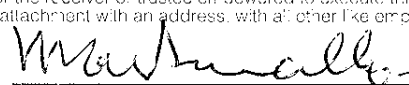
11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☐ Delete
NAME	ZAMBELLO, MARK D	
STREET ADDRESS	6112 LINNEAL BEACH DR	
CITY-STATE-ZIP	APOPKA FL	
TITLE	DTS	☐ Delete
NAME	ZAMBELLO, DOROTHEA K	
STREET ADDRESS	6112 LINNEAL BEACH DR	
CITY-STATE-ZIP	APOPKA FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
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STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 I've empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President
 -MARK ZAMBELLO 4-16-01 (407) 291 6499

CR2E034 (10/00)