

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90011 030 ***150.00

UNITED STATES OF AMERICA

DOCUMENT # F01000000872

1. Entity Name
K.A.M. PAINTING, INC.

Principal Place of Business
5629 KIPPEN DR.
EAST AMHERST NY 14051

Mailing Address
5629 KIPPEN DR.
EAST AMHERST NY 14051

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

16-1406649

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

MACCANAS, ANTONIS
824 WINDWARD WAY
PALM HARBOR FL 34685

Name
MAGGANAS, ANTONIS
 Street Address (P.O. Box Number is Not Acceptable)
824 WINDWARD WAY
PALM HARBOR
 City **FL** Zip Code **34685**

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 _____ (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, 2002 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
 NAME **PC**
MACCANAS, PAULINE
 STREET ADDRESS **5629 KIPPEN DR.**
 CITY-ST-ZIP **EAST AMHERST NY 14051** ☐ Delete

TITLE
 NAME **PRESIDENT**
MAGGANAS, PAULINE
 STREET ADDRESS **SAME**
 CITY-ST-ZIP ☒ Change ☐ Addition
SPELLING

TITLE
 NAME **VVC**
MACCANAS, KOSTAS
 STREET ADDRESS **5629 KIPPEN DR.**
 CITY-ST-ZIP **EAST AMHERST NY 14051** ☐ Delete

TITLE
 NAME **V. PRES.**
MAGGANAS, KOSTAS
 STREET ADDRESS **SAME**
 CITY-ST-ZIP ☒ Change ☐ Addition
SPELLING

TITLE
 NAME **S**
MACCANAS, ANTONIS
 STREET ADDRESS **824 WINDWARD WAY**
 CITY-ST-ZIP **PALM HARBOR FL 34685** ☐ Delete

TITLE
 NAME **SECRETARY**
MAGGANAS, ANTONIS
 STREET ADDRESS **SAME**
 CITY-ST-ZIP ☒ Change ☐ Addition
SPELLING

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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: **Pauline MacGanas**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/02 **716 639-8889**
 Date Daytime Phone #

CR2E034 (9/01)