

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90756 024 ***150.00

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FP

DOCUMENT # H22967

1. Entity Name
PAT PAULIN AND SON PAINTING AND DECORATING, INC.



Principal Place of Business
% PAUL PATRICK PAULIN
1142 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33401

Mailing Address
% PAUL PATRICK PAULIN
1142 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33401



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2569415**

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

PAULIN, PAUL PATRICK
1142 OLD OKEECHOBEE RD
WEST PALM BEACH FL 33401

Name

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

City

FL

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

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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	P	<input type="checkbox"/> Delete
NAME	DEVANE, MARY PAULIN	
STREET ADDRESS	1142 OLD OKEECHOBEE RD	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	PAULIN, ROBERT W.	
STREET ADDRESS	1142 OLD OKEECHOBEE RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PAULIN, PAUL PATRICK	
STREET ADDRESS	1142 OLD OKEECHOBEE RD.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEVANE, MARY PAULIN	
STREET ADDRESS	1142 OLD OKEECHOBEE RD	
CITY-ST-ZIP	W PALM BCH FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Mary P. DeVane, Pres 4/9/03 (561) 833 6754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Mary P. DeVane Date Daytime Phone #

CR2E034 (10/02)