

FILED
Apr 24, 2003 8:00 am
Secretary of State

MM8114 DV

DOCUMENT #

H51775

1. Entity Name

IMPERIAL PAINTING, INC.

Principal Place of Business

240 HEDGEWOOD AVE.

DELTONA FL 32738

US

Mailing Address

PO BOX 427

OSTEEN FL 32764

US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2522940

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PIZZA, FRANK A., JR.

240 HEDGEWOOD AVE.

DELTONA FL 32738

7. Name and Address of New Registered Agent

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PD

PIZZA, FRANK A., JR.

240 HEDGEWOOD AVENUE

DELTONA FL 32738

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

BILLINGS, GERRY

161 HUMMINGBIRD ST APT C

DELTONA FL

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST

PIZZA, BONNIE

240 HEDGEWOOD AVENUE

DELTONA FL 32738

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

V

WOODS, JAMESON

1819 TRUMBLE AVENUE

DELTONA FL 32725

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change ☐ Addition

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: *Bonnie P. PIZZA*

4-18-03

407-474-1683