

5/21

FILED

Jun 25, 2001 8:00 am
Secretary of State

05-02-2001 90191 033 ***158.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H70026

1. Entity Name

HILLSBOROUGH LEASING & PAINTING, INC.

Principal Place of Business

11700 N. 58TH ST.
TAMPA FL 33617

Mailing Address

12108 N 58TH ST
SUITE #3&5
TAMPA FL 33617
US

2. Principal Place of Business

12108 N. 56th Street

3. Mailing Address

Suite, Apt. #, etc.

3+5

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip
33617Country
USAZip
33617

Country

4. FEI Number 59-2572097

Applied For

Not Applicable

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BEKIEMPI, VINCENT
12108 N 58TH ST
SUITE 3&5
TAMPA FL 33617

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.

SIGNATURE

Signature typed or printed name of registered agent and file if applicable.

(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PRIEST, GABRIEL, M
P.O. BOX 2158 SR 76 NA
STUART, FL 33495 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
~~_____~~ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
op Property Services of America
12108 N. 56th street Suite 3+5
Tampa FL 33617 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
_____ ☐ Change ☐ AdditionTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)