

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J32236

1. Entity Name

COVERT PAINTING, INC.

**FILED**  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90016 045 \*\*\*158.75

03/08/98 AV

Principal Place of Business Mailing Address  
% KAREN S. COVERT % KAREN S. COVERT  
3258 YOTHERS RD. 3258 YOTHERS RD.  
APOPKA FL 32712 APOPKA FL 32712

80001706



2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State  
Zip Country Zip Country

4. FEI Number 59-2716326 Applied For Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
COVERT, KAREN S  
3258 YOTHERS ROAD  
APOPKA FL 32712

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 title 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, 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  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
PSM COVERT, KAREN 3258 YOTHERS ROAD APOPKA FL 32712  
V COVERT, JAMES L 3258 YOTHERS ROAD APOPKA FL 32712  
T COVERT, JAMES T 3258 YOTHERS ROAD APOPKA FL 32712

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
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: Karen Covert Karen Covert 1/7/02 407-880-1717  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/01/01