

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # J47395**

1. Entity Name

A.J. WURZELBACHER COMMERCIAL PAINTING, INC.

Principal Place of Business

**21013 SECOND STREET
LAND O LAKES FL 34639**

Mailing Address

**21013 SECOND STREET
LAND O LAKES FL 34639**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**WURZELBACHER, BRENDA L.
6013 SECOND ST.
LAND O LAKES FL 33539**

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, 2001 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	<input type="checkbox"/> Delete
D	WURZELBACHER, BRENDA L	6013 SECOND ST.	LAND O LAKES FL	

P	WURZELBACHER, ANDREW J	6013 SECOND STREET	LAND O LAKES FL 33539	<input type="checkbox"/> Delete
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VP	WURZELBACHER, JR.	6013 SECOND ST	LAND O LAKES FL 33539	<input type="checkbox"/> Delete
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VP	BLANTON, RUSSELL	9922 HARNEY ROAD	THONOTOSASSA FL 33592	<input checked="" type="checkbox"/> Delete
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VP	DIONNE, CHRISTOPHER	9920 HARNEY ROAD	THONOTOSASSA FL 33592	<input type="checkbox"/> Delete
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				<input type="checkbox"/> Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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

ANDREW J. WURZELBACHER, PRES.

Date

2/12/01 (813) 996-4740

Daytime Phone #

**FILED
Mar 14, 2001 8:00 am
Secretary of State**

03-14-2001 90470 040 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2744235**

Applied For

Not Applicable

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

CR2E034 (10/00)