407-677-5833

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J80108  1. Entity Name  MICHAEL KING PAINTING, INC.					Secretary of State 02-07-2002 90075 028 ***150.00			
Principal Plac	ce of Business	Mailing Address						
5415 W OHIO AVE SANFORD FL 32771 US		S415 W OHIO AVE SANFORD FL 32771 US						
2. Principal Place of Business		3. Mailing Address			}	<b>Fir</b> i <b>3</b> 1011 <b>Fir</b> i 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-2838023 Applied For Not Applicable			
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	ditional	
-	6. Name and Address of Current R	egistered Agent		~- 7.	Name and Address of New Registered	Agent		
Maio ass	OUATI 1		Name					
	OHIO AVE		Street Ad	Street Address (P.O. Box Number is Not Acceptable)				
SANFOR	D FL 32771							
			City		Fi	Zip Cod	е	
Tax filing i	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!! After May 1, 200	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 \$5.00 May Be Trust Fund Contribution. Added to Fees			
11.	OFFICERS AND D	RECTORS	12,	AC	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	\$ IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, MICHAEL J. 5415 W OHIO AVE SANFORD FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME Street Address City-St-Zip		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ortify that the late waster.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
of the corp	certify that the information supplied with the on this report or supplemental report is true poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that my ered to execute this report as	' sidhafi ire shall hav	a the came I	ecal effect as if made under eath, that L	am an afficar.	or director	