

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90795

1. Entity Name
VICTOR'S PAINTING, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90062 001 ***150.00

Principal Place of Business
5671 14TH AVE SW
NAPLES FL 34116
US

Mailing Address
5671 14TH AVE SW
NAPLES FL 34116
US

2. Principal Place of Business
6249 CEDAR TREE LN
Suite, Apt. #, etc.

3. Mailing Address
6249 CEDAR TREE LN
Suite, Apt. #, etc.

City & State
NAPLES FL

City & State
NAPLES FL

Zip
34116

Country
COUNTRY

Zip
34116

Country
COUNTRY

4. FEI Number 65-0169831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
VALVERDE, VICTOR
5671 14TH AVENUE, S.W.
NAPLES FL 34116

7. Name and Address of New Registered Agent
Name
Angel F. Valverde
Street Address (P.O. Box Number is Not Acceptable)
6249 CEDAR TREE LANE
City
NAPLES FL Zip Code
34116

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  DATE 1-15-01

(NOTE: Registered Agent signature required when reinstating)

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VALVERDE, VICTOR 5671 14TH AVENUE, S.W. NAPLES FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALVERDE, VICTOR 6249 CEDAR TREE LANE NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VALVERDE, ANGEL F 1840 51ST ST SW NAPLES FL 34116	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D VALVERDE, ANGEL F. 6249 CEDAR TREE LANE NAPLES, FL 34116	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  DATE 1-15-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)