

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

Ammended (Officers)

DOCUMENT # *L17549*

1. Entity Name

Preferred Painters of Vero Inc.



FILED

03 SEP 15 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

409 43rd Ave S.W.

3. Mailing Address

409 43rd Ave SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Vero Beach FL

City & State

Vero Beach, FL

4. FEI Number

59-2970250

Applied For

Not Applicable

Zip

32968

Country

US

Zip

32968

Country

US

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

7. Name and Address of Current Registered Agent

Name

McHugh, John J. Jr.

Street Address (P.O. Box Number is Not Acceptable)

333 17th St. Suite U

City

Vero Beach

FL

Zip Code

32960

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*President
Richard Hoch Vero Beach
409 43rd Ave S.W. FL 32968*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*100023189121
09/13/03--01017--018 **61.25*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Vice President
Charlene Hoch
(Same as above)*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Secretary
Paul Bradberry
(Same as above)*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

*Treasurer
Chad Bradberry
(Same as above)*

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlene Hoch Charlene Hoch 9-10-03 772-567-5978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

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IN THIS SPACE**