

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2002 8:00 am
Secretary of State

07-10-2002 90181 038 ***550.00

DOCUMENT # L59713

1. Entity Name
SUE'S PAINT CONTRACTOR, INC.

Principal Place of Business
512 CIRCLE DR. N.W.
FT WALTON BEACH FL 32547-3929

Mailing Address
512 CIRCLE DR. N.W.
FT WALTON BEACH FL 32547-3929



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3073823**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VOSBURGH, LESLIE
679 KEHLHEM DR
FT WALTON BEACH FL 32548

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **VOSBURGH, LESLIE**
 STREET ADDRESS **512 CIRCLE DR NW**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **HARRISON, MICHAEL**
 STREET ADDRESS **512 CIR DR NW**
 CITY-ST-ZIP **FT WALTON FL 32548**

TITLE **S** ☐ Change ☒ Addition
 NAME **CHARLES VOSBURGH**
 STREET ADDRESS **411 ED ST**
 CITY-ST-ZIP **FT. WALTON BEACH, FL 32547**

TITLE **T** ☒ Delete
 NAME **SCOTT, KALTEN BACH**
 STREET ADDRESS **512 CIRCLE DR NW**
 CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **T** ☐ Change ☒ Addition
 NAME **CHRIS GEETERS**
 STREET ADDRESS **8400 RANDALL DR**
 CITY-ST-ZIP **NAVARO, FL. 32566**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 *Leslie Vosburgh* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)