

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

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90390 007 ***150.00

DOCUMENT # **L 73983**

1. Entity Name

APPEL PAINTING Company INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3442 S.W. ARMELEN

3. Mailing Address

P.O. Box 799

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM CITY, FL

4. FEI Number

65-0206834

Applied For

Not Applicable

Zip

Country

Zip

Country

34991

MARTIN

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EZRA APPEL

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

999 S.W. 38th ST

City

PALM CITY

FL

Zip Code

34990

**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.

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	PVD
NAME	APPEL, EZRA
STREET ADDRESS	999 S.W. 38th ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	ST
NAME	APPEL, EZRA
STREET ADDRESS	999 S.W. 38th ST
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-6-02

Date

772-220-4466

Daytime Phone #



Macneil

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 22, 2002

APPEL PAINTING COMPANY, INC.
P. O. BOX 2103
STUART, FL 34995

SUBJECT: APPEL PAINTING COMPANY, INC.
Ref. Number: L73983

117693

We have received your document for APPEL PAINTING COMPANY, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Only applications approved by the Department of State are acceptable. Please complete the enclosed approved application and return it to our office.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Justin M Shivers
Document Specialist

Letter Number: 302A00033019

*Thank you for letting us
refile. The Post office
apparently severely damaged.
First document & check mailed
in April.*