

2001 UNIFORM BUSINESS REPORT (UBR)

000756 AF

DOCUMENT # L940000000007

1. Entity Name
C D B PAINTING ENTERPRISES, L.C.

FILED

01 MAR 15 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7110 NW 42ND STREET
CORAL SPRINGS FL 33065-2125

Mailing Address
7110 NW 42ND STREET
CORAL SPRINGS FL 33065-2125



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 65-0458199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DECICCO, JOHN A ESQ.
7110 N.W. 42ND STREET
CORAL SPRINGS FL 33065-2125

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM DECICCO, LESLEY ☐ Delete
STREET ADDRESS 7110 NW 42ND STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065-2125

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

TITLE NAME MGRM DECICCO, JOHN A ☐ Delete
STREET ADDRESS 7110 NW 42ND STREET
CITY-ST-ZIP CORAL SPRINGS FL 33065-2125

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200003893102--6
CITY-ST-ZIP -03/22/01-01077-016
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Lesley Decicco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-14-01 954-675-0363
Date Daytime Phone #

CR2E083 (11/00)