04/26/2002 13:31 9412759680 PROBE PROBE

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
05-13-2002 90150 029 ***150.00

DOCUMENT # L94832

1. Entity Name
PAINTER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
6549 BRITTANIA DRIVE FORT MYERS FL 33912 US	P O BOX 61042 N FT MYERS FL 33906-1042 US

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6824 COYOTE RIDGE CT	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: UNIVERSITY PARK, FLORIDA	City & State
Zip: 34210 Country: USA	Zip Country

4. FEI Number 59-3060396 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LINDA C PAINTER
6549 BRITTANIA DR
FT MYERS FL 33912

7. Name and Address of New Registered Agent
Name: DONALD N. PAINTER
Street Address (P.O. Box Number is Not Acceptable): 6824 COYOTE RIDGE CT.
City: UNIVERSITY PARK FL Zip Code 34210

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: DONALD N. PAINTER, Pres [signature] 4-27-02
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) ☐

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	PTDD LINDA C PAINTER 12941 CHERRYDALE COURT FT MYERS FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPDD DONALD PAINTER 12941 CHERRYDALE COURT FT MYERS FL 33919 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: [signature] DONALD N. PAINTER 4-27-02 941-378-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #