

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90067 018 ***150.00

DOCUMENT # M85198

1. Entity Name

AAA ULTIMATE PAINTING, INC. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3331 MEADOWRIDGE DR

3. Mailing Address

3331 MEADOWRIDGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State
MELBOURNE, FL

4. FEI Number
59--2925743

Applied For

Not Applicable

Zip
32901

Country
BREVARD

Zip
32901

Country
BREVARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
WATERS, SCOTT A

Street Address (P.O. Box Number is Not Acceptable)
3331 MEADOWRIDGE DR

City
MELBOURNE

FL

Zip Code
32901

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 \$81.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP**

GP
WATERS, SCOTT A
3331 MEADOWRIDGE DR
MELBOURNE, FL 32901

**TITLE
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IN THIS SPACE**

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:

Scott A. Waters

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SCOTT A WATERS, PRESIDENT

4/26/02

Date

(321) 729-6108

Daytime Phone #

CR2E034B (12/01)