

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N46151

1. Entity Name

PAINT YOUR HEART OUT PASCO COUNTY, INC.

Principal Place of Business

P O BOX 1151
PORT RICHEY FL 34673-1151

Mailing Address

P O BOX 1151
PORT RICHEY FL 34673-1151

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

07-25-2002 90123 020 ****70.00

42589

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3143892

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BASAK, JACKIE
P O BOX 1151
PORT RICHEY FL 34673-1151

7. Name and Address of New Registered Agent

Name Jackie Basak
Street Address (P.O. Box Number is Not Acceptable)
Colonial Bank
9431 US Hwy 19
City Port Richey, FL Zip Code 34668

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Jackie Basak

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-22-02

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPT	<input type="checkbox"/> Delete
NAME	BASAK, JACKIE	
STREET ADDRESS	9431 US HIGHWAY #19	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	PS	<input type="checkbox"/> Delete
NAME	BRANAS, NANCY	
STREET ADDRESS	7536 STATE ST	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	
TITLE	D	<input type="checkbox"/> Delete
NAME	AYCRIGG, BILL	
STREET ADDRESS	7505 ROTTINGHAM RD	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALPINE, JOE	
STREET ADDRESS	5443 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ELAINE	
STREET ADDRESS	4111 LAND O' LAKES BLVD, #202	
CITY-ST-ZIP	LAND O LAKES FL 34639	
TITLE	D	<input type="checkbox"/> Delete
NAME	DESIMONE, BARBARA	
STREET ADDRESS	7530 LITTLE ROAD, #330	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jackie Basak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-02

DATE

127.847.0043

Daytime Phone

CR2E037 (4/02)