## Mar 13, 2002 8:00 am & Secretary of State

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DOCUMENT #	P000000598	5

1. Entity Name

PAUL TOPASH & SON PAINTING, INC.

Principal Place of Business

Mailing Address

1853 TUMBLEWEED COURT WESLEY CHAPEL FL 33543

1853 TUMBLEWEED COURT

WESLEY CHAPEL FL 33543

2. Principal Place of Business 3. Mailing Address 30425 Lettingwell Circle Suite, Apt. #, etc.



30425 Lettinawell Oircle DO NOT WRITE IN THIS SPACE City & State Applied For 59-3621209 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAUL E 10RASH TOPASH, PAUL E Street Address (P.O. Box Number is Not Acceptable) 1853 TUMBLEWEED COURT **WESLEY CHAPEL FL 33543** ettinawell (Ircle Zip Code 3354 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS

	OFFICERS AND DIRECTORS		12: ADDITIONS/CHANGES TO OFFICERS AND BIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPASH, PAUL E 1853 TUMBLEWEED COURT WESLEY CHAPEL FL 33543	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOPASH, PAUL 30425 Lettingwell Circle Wesley Chapel, FL 33543	Change  Addres	Addition South
TITLE NAME STREET ADDRESS CITY=ST-ZIP	D TOPASH, KRISTIN 26660 PLAYERS CIRCLE APT 6 LUTZ FL 33549	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP*	D Topash, Kristin 30439 Double Drue Wesley Chapel, FL 33544	Change Addres	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.