

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000008117

1. Entity Name

ALBRITE SUPERIOR PAINTING
CONTRACTORS, INC.

FILED

03 SEP -4 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

17424-32ND LANE NORTH
LOXAHATCHEE, FL 33470

2. Principal Place of Business

3. Mailing Address

17424-32ND LANE N. 17424 32ND LANE N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LOXAHATCHEE FL

LOXAHATCHEE FL

Zip

Country

Zip

Country

33470

USA

33470

USA

4. FEI Number

65-0978205

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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.

T. FRANCIS LAZARICH

SIGNATURE

X

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

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

8/6/2003

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/P/V/S/T	<input type="checkbox"/> Delete
NAME	T. FRANCIS LAZARICH	
STREET ADDRESS	17424-32 ND LANE NORTH	
CITY-ST-ZIP	LOXAHATCHEE, FL 33470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

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

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:

T. FRANCIS LAZARICH

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

8/6/2003

DATE

866-218-3600

Daytime Phone #

CR2E034 (9/99)

Albrite Superior Painting Contractors, Inc.
17424-32nd Lane North
Loxahatchee, FL 33470

August 26, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

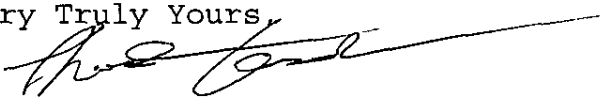
Re: ~~Albrite Superior Painting Contractors, Inc.~~ (P00000008117)
Annual Report

Dear Sir or Madam,

We learned through an internet search that our company shows as inactive in your records. We have no record of receiving an annual report form from your office. Therefore, we have enclosed a check payable to the Department of State in the amount of \$300.00, representing the annual fee of \$150.00 for 2002, and \$150.00 for 2003.

Please accept our report and our payment as payment in full as we did not receive an annual report notice from your office. Thank you for your consideration and cooperation in this matter. Also, please note the address changes on the report. Thank you for your assistance.

Very Truly Yours,


Thomas Francis Lazarich, President