

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90066 020 ***550.00

DOCUMENT # P00000017399

1. Entity Name
ARTISTIC PAINTING OF BREVARD, INC.

Principal Place of Business
P.O. BOX 100441
PALM BAY FL 32910-0491

Mailing Address
P.O. BOX 100441
PALM BAY FL 32910-0491



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625871**

Applied For
 Not Applicable

Zip Country

Zip Country

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

DILLAHAY, LARRY R
1663 FOLK TERRACE SE
PALM BAY, FL 32909

Name

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

1663 FALK TERRACE SE

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

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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **DILLAHAY, LARRY R**
STREET ADDRESS **1663 FOLK TERRACE SE**
CITY-ST-ZIP **PALM BAY FL 32909**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1663 FALK TERRACE SE**
CITY-ST-ZIP

TITLE **DST** ☐ Delete
NAME **DILLAHAY, DEBRA H**
STREET ADDRESS **1663 FOLK TERRACE SE**
CITY-ST-ZIP **PALM BAY FL 32909**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **1663 FALK TERRACE SE**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-02

Date

Daytime Phone #

CR2E034 (4/02)