

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-19-2002 90035 035 ***150.00

DOCUMENT # P00000027972

1. Entity Name
PRO-PAINTS CORP.

Principal Place of Business
**5400 NW 39TH AVE
#171
GAINESVILLE FL 32606**

Mailing Address
**5400 NW 39TH AVE
#171
GAINESVILLE FL 32606**

2. Principal Place of Business
Gainesville - 5400 NW 39th Ave

3. Mailing Address
5400 NW 39th Ave

Suite, Apt. #, etc.
T-171

Suite, Apt. #, etc.
T-171

City & State
Gainesville FL

City & State
Gainesville FL

Zip
32606

Country
USA

Zip
32606

Country
USA

4. FEI Number **59-3651321**

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DIORENZO, KENNETH W
5400 NW 39TH AVE
#171
GAINESVILLE FL 32606**

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 certifies 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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	DIORENZO, KENNETH W		NAME		
STREET ADDRESS	5400 NW 39TH AVE #171		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☒ Addition	
NAME			NAME	Treasurer	
STREET ADDRESS			STREET ADDRESS	SCOTT GARDNER	
CITY-ST-ZIP			CITY-ST-ZIP	1983 NW 23rd BLVD apt. 124	
TITLE	Treasurer	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	William Fitch		NAME		
STREET ADDRESS	5400 NW 39th Ave T-171		STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32606		CITY-ST-ZIP		
TITLE	Secretary	☒ Delete	TITLE	☐ Change ☐ Addition	
NAME	Bryan Nelson		NAME		
STREET ADDRESS	5400 NW 39th Ave T-171		STREET ADDRESS		
CITY-ST-ZIP	Gainesville FL 32606		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]** **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4/14/02** Daytime Phone # **352 378 7013**