2001 UNIFORM BUSINESS REPORT (UBR)

FILED Sep 17, 2001 8:00 am

1. Entity Name					Secretary of State		
GARY CRESCENT PAINTING, INC.					09-17-2001 90147 020 ***150.00		
			(V)				
Principal Place of Business		Mailing Address		7			
21914 OCEAN OINES DRIVE		21914 OCEAN OINES DRIVE			5000002		
LAND-O-LAKES	FL 34639	LAND-O-LAKES FL 34639		Į.			
2. Principal Place of Business		3. Mailing Address		F (MERINDA) ISI DERIK BANSI DERIK EDIK) BERIK BENIK HIDAN IDIKI BANSA BISIK 1902 H			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number Applied Fo	or T	
				í	59 - 3632859 Not Applic		
Zìp	Country	Zip	Country	5. (Certificate of Status Desired S8.75 Additional Fee Required		
	6. Name and Address of Current F	legistered Agent		7. N	lame and Address of New Registered Agent		
ODIECEI 9	UTRERA, P.A.		Name				
		Street Address		ss (P.O. B	(P.O. Box Number is Not Acceptable)		
343 ALMERIA AVENUE CORAL GABLES FL 33134							
00.012			City		FL Zip Code	\dashv	
	 			 -			
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regi	stered ag	ent, or both, in the State of Florida.	1	
SIGNATURE _							
	Signature, typed or printed name of registered agent a	nd title it applicable. (NOTE: F	legisterød Agent signature req	juired when re	einstaling) DATE		
			FEE IS \$550.00		10. Election Campaign Financing \$5.00 May	Re	
Tax filing requirement and elects to do so. (See criteria on back)		After September 12, 2001 Fee will be \$75 Make Check Payable to Department of S			Trust Fund Contribution. Added to Fees		
11,	OFFICERS AND D		12.		DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
	PSTD	☐ Delete	TITLE		☐ Change ☐ Ad	dition	
	CRESCENT, GARY		NAME				
STREET ADDRESS CITY-ST-ZIP	21914 OCEAN OINES DRIVE LAND-O-LAKES FL 34639		STREET ADDRESS CITY-ST-ZIP			{	
TITLE	<u> </u>	☐ Delete	TITLE		☐ Change ☐ Ado	dition	
NAME			NAME		· ·-	}	
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TITLE	-		TITLE		☐ Change ☐ Adi	dition	
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CITY-ST-ZIP			CITY-ST-ZIP			dia:	
TITLE NAME		☐ Delete	TITLE NAME		☐ Change ☐ Ade	lition	
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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Delete

☐ Change

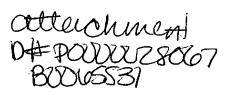
☐ Change

☐ Addition

☐ Addition

CR2E034 (5/01)

TO: Florida Department of State Divisions of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, FL 32302-1500



FR: Gary Crescent
President
Gary Crescent Painting, Inc.
21914 Ocean Pines Dr
Land O Lakes, FL 34639

To Whom It May Concern:

I-have received my-Uniform Business Report renewal form. It indicated that I was late and that I would be charged a late filing fee.

Please be aware that this is the first form of information I have received.

My accountant called the number listed on the bottom of the cover and spoke with a representative. They instructed us to write a letter explaining what has happened and to enclose a check for \$150.00

Thank you for your assistance regarding this matter

Sincerely,

Gary Crescent, President