

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000033734

1. Entity Name
BRUSHSTROKES, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90295 005 ***150.00

Principal Place of Business

Mailing Address

384 11TH AVE. S.
NAPLES FL 34102

**INCORPORATED
ADDRESS**

384 11TH AVE. S.
NAPLES FL 34102

00013330

2. Principal Place of Business

3. Mailing Address

2986 KINGS WAY BLVD

P.O. BOX 1144

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

NAPLES, FL

City & State

NAPLES, FL

4. FEI Number

59-362-9745

Applied For

Not Applicable

Zip

34103

Country

COLLIER

Zip

34106

Country

COLLIER

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

PODOLAN, MARCY R

**384 11TH AVE. S.
NAPLES FL 34102**

Name

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

~~P.O. BOX 1144~~ 2986 Kingsway Blvd

City

NAPLES

FL

Zip Code

34106

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

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, 2001 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 ☐ Delete
NAME **P, D**
STREET ADDRESS **MARCY R PODOLAN**
CITY-ST-ZIP **P.O. BOX 1144
NAPLES, FL 34106**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)