

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90197 041 ***150.00

DOCUMENT # P00000037586

1. Entity Name
TAB PAINTING SERVICE, INC.



Principal Place of Business
**130 KYTE ROAD
SAN MATEO FL 32187**

Mailing Address
**130 KYTE ROAD
SAN MATEO FL 32187**

60013100



2. Principal Place of Business

3. Mailing Address

112 Twilight Rd
Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Florahome FL

City & State
32140

4. FEI Number **59-3639448**

Applied For
☐ Not Applicable

Zip
32140

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

**MCMAHON, HAROLD
130 KYTE ROAD
SAN MATEO FL 32187**

Name **McMahon, Harold**
Street Address (P.O. Box Number is Not Acceptable)
112 Twilight Lane
City **Florahome** FL Zip Code **32140**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P** ☐ Delete
NAME **MCMAHON, HAROLD**
STREET ADDRESS **112 TWILIGHT ROAD**
CITY-ST-ZIP **SATSUMA FL 32140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Florahome, FL 32140**

TITLE **D/S** ☐ Delete
NAME **MCMAHON, TERRY E**
STREET ADDRESS **112 TWILIGHT ROAD**
CITY-ST-ZIP **SATSUMA FL 32140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Florahome, FL 32140**

TITLE **D/P** ☐ Delete
NAME **MCMAHON, CINDY M**
STREET ADDRESS **112 TWILIGHT ROAD**
CITY-ST-ZIP **SATSUMA FL 32140**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **Florahome, FL 32140**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

4-7-03

386-325-4011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)