

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000049878

1. Entity Name  
TRACY SAUNDERS PAINTING, INC.

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-25-2001 90291 028 \*\*\*158.75

Principal Place of Business  
3403 BLOWING OAK ST  
VALRICO FL 33594

Mailing Address  
3403 BLOWING OAK ST  
VALRICO FL 33594

2. Principal Place of Business  
*Home*  
Suite, Apt. #, etc.

3. Mailing Address  
*3403 Blowing Oak St*  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*VALRICO FL*  
Zip  
*33594*  
Country  
*Hills.*

City & State  
*FL*  
Zip  
*33594*  
Country  
*Hills*

4. FEI Number  
*65-1020186*  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
SAUNDERS, TRACY  
3403 BLOWING OAK ST  
VALRICO FL 33594

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 submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *Tracy Saunders* *OWNER* DATE *4-20-01*  
(NOT: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!**  
After MAY 1, 2001  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> SAUNDERS, TRACY LYNN 3403 BLOWING OAK ST VALRICO FL 33594 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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 *Tracy Saunders* *OWNER* DATE *4-20-01* 818-505-7010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)