

4/18.

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90004 039 \*\*\*150.00

**DOCUMENT # P00000053925**1. Entity Name **Contracting Serv. Inc.**  
**LOUMAR PAINTING CORPORATION**

Principal Place of Business

Mailing Address

**2415 BARKSDALE DRIVE**  
**ORLANDO FL 32822****2415 BARKSDALE DRIVE**  
**ORLANDO FL 32822**

2. Principal Place of Business

3. Mailing Address

**Same.****P.O. Box 561335**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**Orl. FL.**

Zip

Country

Zip

Country

**32856****Orange.**

4. FEE Number

**359 3650216**

Applied For

Not Applicable

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

**SOTOLONGO, CARLOS**  
**2415 BARKSDALE DRIVE**  
**ORLANDO FL 32822**

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SOTOLONGO, CARLOS	2415 BARKSDALE DRIVE	ORLANDO FL 32822	<input type="checkbox"/>
P	Sotolongo Israel.	2408 E Jackson St.	Orlando FL 32803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Carlos Sotolongo.****4/12/01**

Date

**407 832 4562**

Daytime Phone #

CR2E034 (10/00)

attachment  
D# P00000537  
S/G/01 3337

LouMar Contracting Serv.

Florida Dept of State  
Div of Corp.

Ref. Amendment.

Please be advice that LouMar Painting Corp.  
was amended on April 3, 2001.

Please use check previously recieved  
toward LouMar Contracting Services Corp.

Annual report/Uniform.

Thank you

Carlos Sotolongo VP