

9/11/01-90006-023-\$150.00-\$150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071208

1. Entity Name
SEWELL'S PROFESSIONAL PAINTING & CLEANING SERVIC

Principal Place of Business Mailing Address
134 COOLIDGE AVENUE 134 COOLIDGE AVENUE
LEHIGH FL 33306 LEHIGH FL 33306

2. Principal Place of Business 3. Mailing Address
134 COOLIDGE AVE. 134 COOLIDGE AVE.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
HOUSE HOUSE

City & State City & State
LEHIGH ACRES Fla. LEHIGH ACRES Fla.
 Zip Country Zip Country
33930 LEE 33930 LEE

6. Name and Address of Current Registered Agent
SEWELL, HEROLD
134 COOLIDGE AVENUE
LEHIGH FL 33306

4. FEI Number **65-1027360** Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 *Herold Sewell* **8/31/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	D SEWELL, HEROLD 134 COOLIDGE AVENUE LEHIGH FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400004739804-- -12/26/01--01096--006 ****400.00 ****400.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Herold Sewell* **8/31/2001 941-728-9821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
 01 NOV -2 PM 5:30

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E004 (6/01)