

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071208

1. Entity Name  
SEWELL'S PROFESSIONAL PAINTING & CLEANING SERVICES, INC.

Principal Place of Business  
134 COOLIDGE AVENUE  
HOUSE  
LEHIGH ACRES FL 33936

Mailing Address  
134 COOLIDGE AVENUE  
HOUSE  
LEHIGH ACRES FL 33936

FILED  
Jul 04, 2002 8:00 am  
Secretary of State

06-02-2002 90908 030 \*\*\*150.00

37693



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. Box 1687		Suite, Apt. #, etc. P.O. Box 1687	
City & State LEHIGH ACRES FL		City & State LEHIGH ACRES FL	
Zip 33970	Country USA	Zip 33970	Country USA

4. FEI Number 65-1027366	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  
SEWELL, HEROLD  
134 COOLIDGE AVENUE  
LEHIGH FL 33936

7. Name and Address of New Registered Agent  
Name  
HEROLD SEWELL  
Street Address (P.O. Box Number Is Not Acceptable)  
764 LONGBOX LANE  
City  
LEHIGH ACRES FL Zip Code  
33970

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, 2002 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEWELL, HEROLD 134 COOLIDGE AVENUE LEHIGH FL 33936 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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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	P.O. Box 1687 LEHIGH ACRES FL 33970 <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 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 PRESIDENT 5/29/02 941-728-9821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)