

4/11

FILED
May 29, 2002 8:00 am
Secretary of State

04-11-2002 90025 044 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085286

1. Entity Name

SUTTON PAINTING SERVICES INC

Principal Place of Business

2025 SYLVESTER ROAD, SUITE L-4
 LAKELAND FL 33803

Mailing Address

2025 SYLVESTER ROAD, SUITE L-4
 LAKELAND FL 33803

2. Principal Place of Business

929 CUNSELAND ST
 Suite, Apt. #, etc.

3. Mailing Address

929 CUNSELAND ST
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LAKELAND FL

City & State

LAKELAND FL

4. FEI Number

59-3683120

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

LAING, DAVID
 2025 SYLVESTER ROAD, SUITE L-4
 LAKELAND FL 33803

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 and typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-APRIL-02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SUTTON, MICHELL	
STREET ADDRESS	2025 SYLVESTER ROAD, SUITE L-4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID LAING	
STREET ADDRESS	929 CUNSELAND ST	
CITY-ST-ZIP	LAKELAND 33803	
TITLE	MRS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHELL LAING	
STREET ADDRESS	929 CUNSELAND ST	
CITY-ST-ZIP	LAKELAND 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/01)

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

1-APRIL-02

Date

738 3585

Daytime Phone #