

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000089655

1. Entity Name

MSP PAINTING, INC.

Principal Place of Business

Mailing Address

3862 LANCASTER CT. #203
PALM HARBOR FL 34685

3862 LANCASTER CT. #203
PALM HARBOR FL 34685

2. Principal Place of Business

1316 GULF ROAD

3. Mailing Address

1316 GULF ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TARPON SPRINGS FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

Zip

34689

Country

4. FEI Number

59-3672472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULLAS, SIMONE
3862 LANCASTER CT. #203
PALM HARBOR FL 34685

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1316 GULF ROAD

City

TARPON SPRINGS

FL

Zip Code

34689

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

Simone Poullas

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/2/01

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

TITLE D ☐ Delete
NAME POULLAS, SIMONE
STREET ADDRESS 3862 LANCASTER CT, #203
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE D ☐ Delete
NAME POULLAS, EMMANUEL
STREET ADDRESS 3862 LANCASTER CT, #203
CITY-ST-ZIP PALM HARBOR FL 34685

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP/S/T/D POULLAS, SIMONE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1316 GULF ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE P/D POULLAS, EMMANUEL ☒ Change ☐ Addition
NAME
STREET ADDRESS 1316 GULF ROAD
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Simone Poullas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/01

Date

727-
939-8894

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90114 042 ***150.00

A0066809



DO NOT WRITE IN THIS SPACE

0556610

CR2E034 (10/00)