

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90103 017 \*\*\*150.00

0505735 AV

**DOCUMENT # P00000090749**

1. Entity Name

**TURANO PAINTING, INC.**

Principal Place of Business

~~200 2ND STREET~~ **251 6th St**  
**BONITA SPRINGS FL 34134**

Mailing Address

~~200 2ND STREET~~ **251 6th St**  
**BONITA SPRINGS FL 34134**

2. Principal Place of Business

**251 6th St**  
 Suite, Apt. #, etc.

3. Mailing Address

**251 6th St**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Bonita Springs FL**  
 Zip **34134** Country **Collier**

City & State

**Bonita Springs FL**  
 Zip **34134** Country **Collier**

4. FEI Number- **59-3678290**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TURANO, DAVID**  
~~200 2ND STREET~~ **251 6th St**  
**BONITA SPRINGS FL 34134**

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

*David Turano*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**1/31/02**  
 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURANO, DAVID</b>	
STREET ADDRESS	<del>200 2ND STREET</del> <b>251 6th St</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TURANO, DARLA</b>	
STREET ADDRESS	<del>200 2ND STREET</del> <b>251 6th St</b>	
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

**SIGNATURE REQUIRED**  
*David Turano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/31/02**  
 Date

Daytime Phone #

CP2E034 (9/01)