

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**  
 02-08-2001 90019 003 \*\*\*158.75

**DOCUMENT # P00000091756**

1. Entity Name

**PRIDE & JOY PAINTING CORPORATION**

Principal Place of Business

**6094 FOREST HILL BLVD STE 103  
 WEST PALM BEACH FL 33415**

Mailing Address

**6094 FOREST HILL BLVD STE 103  
 WEST PALM BEACH FL 33415**

713578



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6094 Forest Hill Blvd**

3. Mailing Address

**6094 Forest Hill Blvd**

Suite, Apt. #, etc.

**Suite #103**

Suite, Apt. #, etc.

**Suite #103**

City & State

**W.P.Bch. FL**

City & State

**W.P.Bch. FL**

Zip

**33415**

Country

**USA**

Zip

**33415**

Country

**USA**

4. FEI Number

**65-1051081**

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**GIRARD, ARTHUR  
 6094 FOREST HILL BLVD STE 103  
 WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name

**Girard, Arthur**

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

**6094 Forest Hill Blvd.  
 Ste. 103**

City

**W.P.Bch.**

**FL**

Zip Code

**33415**

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

**01-03-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D GIRARD, ARTHUR 6094 FOREST HILL BLVD STE 103 WEST PALM BEACH FL 33415</b>	<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
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-03-01**

Date

**307-3173**

Daytime Phone #

CR2E034 (10/00)