

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90114 008 ***150.00

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DOCUMENT # P00000100089

1. Entity Name
BRONCO PAINTING, INC.

Principal Place of Business

~~3373 CAPRI ROAD~~
~~PALM BEACH GARDENS FL 33410~~

Mailing Address

~~3373 CAPRI ROAD~~
~~PALM BEACH GARDENS FL 33410~~

2. Principal Place of Business

7770 SW Parkway dr.
 Suite, Apt. #, etc.

3. Mailing Address

7770 SW Parkway dr.
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Stuart, FL

City & State
 Stuart, FL

4. FEI Number 65-1065959

Applied For
 Not Applicable

Zip 34997

Country USA

Zip 34997

Country USA

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

6. Name and Address of Current Registered Agent

SAUNDERS, KIMBERLY
~~3373 CAPRI ROAD~~
~~PALM BEACH GARDENS FL 33410~~

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
 7770 SW Parkway dr.
City Stuart **FL** **Zip Code** 34997

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 *K Saunders, Pres* **DATE** 2/26/02
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SAUNDERS, KIMBERLY	
STREET ADDRESS	3373 CAPRI ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	P	<input type="checkbox"/> Delete
NAME	SAUNDERS, KIMBERLY	
STREET ADDRESS	3373 CAPRI ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SAUNDERS, PAUL	
STREET ADDRESS	3373 CAPRI ROAD	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7770 SW Parkway dr.
CITY-ST-ZIP	Stuart, FL. 34997
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7770 SW Parkway dr.
CITY-ST-ZIP	Stuart, FL. 34997
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	7770 SW Parkway dr.
CITY-ST-ZIP	Stuart, FL 34997
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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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	

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: *K Saunders*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 2/26/02 **Daytime Phone #** 561-220-3047

CR2E034 (9/01)