

# 2002 UNIFORM BUSINESS REPORT (UBR)

4/2/1

**FILED**  
**May 01, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90886 040 \*\*\*150.00

**DOCUMENT # P01000001332**

1. Entity Name

**RALPH HOWARD PAINTING, INC.**

Principal Place of Business

**3640 NE 29TH TERRACE  
 Ocala FL 34479**

Mailing Address

**3640 NE 29TH TERRACE  
 Ocala FL 34479**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6021 SE 5th Place**  
 Suite, Apt. #, etc.

3. Mailing Address

**6021 SE 5th Place**  
 Suite, Apt. #, etc.

City & State

**Ocala, Florida**

City & State

**Ocala, FL**

4. FEI Number

**59-3690459**

Applied For

Not Applicable

Zip

**34472**

Country

**USA**

Zip

**34472**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HOWARD, RALPH A  
 3640 NE 29TH TERRACE  
 Ocala FL 34479**

7. Name and Address of New Registered Agent

Name

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

**6021 SE 5th Place**

City

**Ocala**

FL

Zip Code

**34472**

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]*

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

(NOTE: Registered Agent signature required when reinstating)

**1/28/2002**  
 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 HOWARD, RALPH A  
 3640 NE 29TH TERRACE  
 Ocala FL 34479**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/28/2002**  
 Date

Date

Daytime Phone #

CR2E034 (9/01)