

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 025 ***150.00

DOCUMENT # *P01000015229*

1. Entity Name

PAINTING PLUS OF SOUTH FLORIDA, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6030 NW 77th TERRACE

Suite, Apt. #, etc.

3. Mailing Address

6030 NW 77th TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PARKLAND

FL

City & State

PARKLAND

FL

4. FEI Number

65-1074529

Applied For

Not Applicable

Zip

33067

Country

Zip

33067

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

JOSEPH BURDI

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

6030 NW 77th TERRACE

City

PARKLAND

FL

Zip Code

33067

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

X4/15/03

Date

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE *DIRECTOR*
NAME *JOSEPH BURDI*
STREET ADDRESS *6030 NW 77th TERRACE*
CITY-ST-ZIP *PARKLAND, FL 33067*

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**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X4/15/03
Date

X954-444-1946
Daytime Phone #

CR2E034B (12/02)