2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 10, 2002 8:00 am Secretary of State P01000016595 DOCUMENT # 1. Entity Name 04-10-2002 90462 003 ***150 00 FINISH IT WITH PAINT, INC. Principal Place of Business Mailing Address 13610 LEARNING CT. 13610 LEARNING CT. FT. MYERS FL 33919 FT. MYERS FL 33919 2. Principal Place of Business 3. Mailing Address 3300 S. Cleveland Ave Suite, Apt. #, etc. uite Apt. #, etc DO NOT WRITE IN THIS SPACE Suik56 City,& State City & State 4. FEI Number Applied For 65-1090080 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILEY, JULIE Street Address (P.O. Box Number is Not Acceptable) 13610 LEARNING CT. FT. MYERS FL 33919 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Vice President TITLE Addition CR2E034 (9/01 ☐ Delete TITEF WILEY, WAYNE C Wiley, Julie 13300-56 S. Cleveland Ave. NAME NAME 13610 LEARNING CT. STREET ADDRESS STREET ADDRESS FT. MYERS FL 33919 CITY-ST-ZIP CITY-ST-ZIP Ft.Mycrs FL 33907 Vice-President TITLE ☐ Delete Addition TITLE Сhange NAME NAME Wiley, Julie STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.