

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000021189

1. Entity Name

BRIGHT PAINTING SERVICES, INC.

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

04-28-2003 91398 021 ***150.00

90112280

Principal Place of Business

Mailing Address

445 SE 13TH DRIVE
DEERFIELD BEACH FL 33441

445 SE 13TH DRIVE
DEERFIELD BEACH FL 33441

2. Principal Place of Business

3. Mailing Address

Suite Apt.#, etc.

Suite. Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1078403

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75-Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAX HOUSE CORPORATION

3929 N FEDERAL HWY

POMPAÑO BEACH FL 33064

Name

TAX HOUSE CORPORATION

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

531 E. SAMPLE ROAD

City

POMPAÑO BEACH

FL

Zip Code

33064

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)

04/23/03

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, 2003 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
REIS, IVAN SILVA
445 SE 13TH DRIVE
DEERFIELD BEACH FL 33441

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VTD
REIS, SONIA SOUZA
445 SE 13TH DRIVE
DEERFIELD BEACH FL 33441

☐ Delete

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/23/03

(954) 605-6632

Date

Daytime Phone #