

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90244 033 ***150.00

DOCUMENT # P01000022004

1. Entity Name
WINTERGREEN PAINTING & WATERPROOFING, INC.



Principal Place of Business
**7219 BENJAMIN ROAD, SUITE A
TAMPA FL 33634**

Mailing Address
**POST OFFICE BOX 261203
TAMPA FL 33685**

2. Principal Place of Business
5071 Savarese Circle

3. Mailing Address
5071 Savarese Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number **59-3700839**

Applied For
☐ Not Applicable

Zip Country
33634 Hillsborough

Zip Country
33634 Hillsborough

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EGGNATZ, RICHARD A
7219 BENJAMIN ROAD, SUITE A
TAMPA FL 33634**

Name

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

5071 Savarese Circle

City **Tampa**

FL **33634**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/12/03

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EGGNATZ, RICHARD A**
CITY-ST-ZIP **7219 BENJAMIN ROAD, SUITE A
TAMPA FL 33634**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5071 Savarese Circle**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EGGNATZ, LAURA A**
CITY-ST-ZIP **7219 BENJAMIN ROAD, SUITE A
TAMPA FL 33634**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5071 Savarese Circle**
CITY-ST-ZIP **Tampa, FL 33634**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with another like empowered.

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

Date

Daytime Phone #

2/12/03 (813) 886-4078

CR2E034 (10/02)