

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90115 010 ***150.00

DOCUMENT # P01000033049

1. Entity Name
HAPPY WALL PAINT, INC.

Principal Place of Business

**16754 CROSSBILL CT
 BROOKSVILLE FL 34610**

Mailing Address

**16754 CROSSBILL CT
 BROOKSVILLE FL 34610**

2. Principal Place of Business

21418 Carson Drive
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Land O' Lakes, FL

City & State

Land O' Lakes, FL

4. FEI Number

59 3758652

Applied For

☐ Not Applicable

Zip

34639

Country

PASCO

Zip

34639

Country

PASCO

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOUDIB, FADIA
 16754 CROSSBILL CT
 BROOKSVILLE FL 34610**

7. Name and Address of New Registered Agent

Name **Nemer El Nakkour**
 Street Address (P.O. Box Number is Not Acceptable) **21418 Carson Drive**
 City **Land O' Lakes** **FL** Zip Code **34639**

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 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	D <input checked="" type="checkbox"/> Delete
NAME	BOUDIB, FADIA
STREET ADDRESS	16754 CROSSBILL CT
CITY-ST-ZIP	BROOKSVILLE FL 34610
TITLE	D <input type="checkbox"/> Delete
NAME	ALNACCOUR, NEMER
STREET ADDRESS	16754 CROSSBILL CT
CITY-ST-ZIP	BROOKSVILLE FL 34610
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	El Nakkour, Nemer
STREET ADDRESS	21418 Carson Drive
CITY-ST-ZIP	Land O' Lakes, FL 34639
TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nadim Boudib
STREET ADDRESS	16754 Crossbill Ct
CITY-ST-ZIP	Brooksville, FL 34610
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02

813-909-2232

Daytime Phone #

CR2E034 (9/01)