## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#**

1. Entity Name

P01000034355

PAINTING, INC. COAST SUN

## **FILED** May 21, 2002 8:00 am Secretary of State

05-21-2002 91166 002 \*\*\*150.00

DO NOT WRITE	IN THIS SP	ACE		
2. Principal Place of Business	3. Mailing Address 777 WALKERBILT ROAD			•
777 WALKERBILT ROAD Suite, Apt., #, etc. /	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
# 3 4 City & State	City & State		4. FEI Number	Applied For
NAPLES, FL	NAPLES		4. FEI Number 59 - 37/L	·-··
Zip 34110 - 1529 Country	34110 -1529	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
			7. Name and Address of Current Registered Agent	
DO NOT WRITE Street Address (i			P.O. Box Number is Not Acceptable)	
IN THIS SP	AUE	868	106 TH AVENUE	
		City	NAPLES	FL 34108
8. The above named entity submits this statement fo	the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florid	ta.
	THOMAS	WANDER	هم)	04/26/02
SIGNATURE Signature, typed or printed name of registered agent a		Registered Agent signature requi		DATE
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)	After May Amended	ay 1 Fee is \$150.00 1 Fee is \$550.00 1 UBR is \$61.25 le to Department of S	10. Election Campaign Final Trust Fund Contribution.	ncing \$5.00 May Be Added to Fees
11. OFFICERS AND	DIRECTORS			
NAME 3 WHITE, WENDELL STREET ADDRESS 777 WALKERBILT R NAPLES, FL 34110	45#, dao.	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE .		TITLE NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP	ې د هماريد شوه ۱۰۰۰ د د مغينيوند د د مغينيون	NAME STREET ADDRESS CITY-ST-ZIP	DO NOT V	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS S	PACE
TITLE NAME STREET ADDRESS		TITLE, NAME STREET ADDRESS		

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 on an attachment with an address with all other like empowered. WENDELL L. WHITE

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

CITY-ST-ZIP