

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90576 018 ***150.00

DOCUMENT # 201000030171

1. Entity Name

Bx2905 Painting, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5883 CURRY FORD RD
Suite, Apt. #, etc.

3. Mailing Address

5883 CURRY FORD RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-3723467

Applied For
Not Applicable

Zip
32807

Country
Orange

Zip
32807

Country
Orange

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

7. Name and Address of Current Registered Agent

Name
Jose M. Bx2905

Street Address (P.O. Box Number is Not Acceptable)
5883 CURRY FORD RD

City
Orlando FL Zip Code
32807

**DO NOT WRITE
IN THIS SPACE**

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

4-4-02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
President
NAME
Jose M. Bx2905
STREET ADDRESS
5883 CURRY FORD RD
CITY-ST-ZIP
Orlando, FL 32807

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-4-02 (321) 945-2300

CR2E034B (12/01)