## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P01000040815 **DOCUMENT #**

1. Entity Name



**FILED** Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90085 021 \*\*\*150.00

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BIRMING	GHAM PAINTING & WATER	PROOFING, INC.	1		01 10 <b>2</b> 000 )		
Principal Place of Business 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708  Mailing Address 9641 PINE LAKE TRAIL ST PETERSBURG FL 33708  ST PETERSBURG FL 33708						1 2211 1211 2121 2121	
2. Principa	al Place of Business	3. Mailing Address					
Suite A	pt. #, etc.						
		Suite, Apt. #, etc.		İ	☐ CHECK HERE IF MAKING CHANGES		
City & S	tate	City & State		4.	FEI Number 59-3758791		Applied For
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75	Not Applicable Additional
	6. Name and Address of Currer	nt Registered Agent	<del></del>		Name and Address of New Re	Fee Req	uired
_ RIPHING	LAM DANIEL		Name		THE PROPERTY OF THE PROPERTY O	gistered Agent	<del></del>
	- BIRMINGHAM, DANIEL			Street Address (P.O. Box Number is Not Acceptable)			
	RSBURG FL 33708		<del></del>	<del></del>			
	3						
O The above			City		·	FL Zip C	ode
the oblig	ve named entity submits this statement ations of registered agent.	for the purpose of changing	its registered office or re	gistered age	ent, or both, in the State of Flor	ida. I am familiar wi	th, and accept
SIGNATURE	Signature, typed or printed name of registered ager	at and title if applicable. (N	OTE: Registered Agent signature	Acruired when rei	instating)		
ø	FILE NOW!!! FEE IS \$150.00			1	1	DATE	
Afte	er May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department o	of State			<ol><li>Election Campaign Fina Trust Fund Contribution.</li></ol>		.00 May Be ded to Fees
10.	OFFICERS AND	DIRECTORS	11,	AD!	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	)RS IN 11
TITLE NAME	BIRMINGHAM, DANIEL J	. Delete	TITLE		:	Change	
STREET ADDRESS	9641 PINE LAKE TRAIL		NAME STREET ADDRESS				
CITY-ST-ZIP	SAINT PETERSBURG FL 33708		CITY-ST-ZIP				
TITLE	VP	☐ Delete	TITLE		- !	☐ Change	B Addition
NAME STREET ADDRESS	BIRMINGHAM, PATRICK M 2500 52ND AVENUE NORTH, #1	07	NAME			општус	Addition
CITY-ST-ZIP	SAINT PETERSBURG FL 33714	u,	STREET ADDRESS CITY-ST-ZIP		1		
TITLE		☐ Delete	TITLE			Chance	
NAME STREET ADDRESS			NAME			Change	Addition
CITY-ST-ZIP				<del></del>			
TITLE	,	☐ Delete	TITLE		<u> </u>		
NAME			NAME			☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		•		
TITLE			CITY-ST-ZIP				
NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				-
CITY-ST-ZIP		·	CITY-ST-ZIP		1		1
TITLE NAME		☐ Delete	TITLE		!	☐ Change	Addition
STREET ADDRESS			NAME STREET ADDRESS		1		
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		1 F		

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 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

27-391-2208