## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## May 13, 2002 8:00 am Secretary of State P01000048058 DOCUMENT # 1. Entity Name E&D'S TINTING SERVICES, INC. 05-13-2002 90170 018 \*\*\*150.00 Principal Place of Business Mailing Address 3262 HUNTERS CHASE LOOP 3262 HUNTERS CHASE LOOP KISSIMMEE FL 34743 KISSIMMEE FL 34743 2. Principal Place of Business 3. Mailing Address 206 WATTS LANE 206 WATTS LANE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For KISSIMMEE Not Applicable 59-3715021 <u>KISSIMMEE</u> Zip Country \$8.75 Additional 5. Certificate of Status Desired 34743 34743 USA 6. Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent TAYLOR, EDISON X TAYLOR, EDISON X Street Address (P.O. Box Number is Not Acceptable) 3262 HUNTERS CHASE LOOP KISSIMMEE FL 34743 206 WATTS LANE # B KISSIMMEE 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. 4/24/02 EDISON X. TAYLOR tered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Addition PSD XX Change TAYLOR: EDISON X NAME NAME TAYLOR, EDISON X 3262 HUNTERS CHASE LOOP STREET ADDRESS STREET ADDRESS 206 WATTS LN # B KISSIMMEE FL 34743 CITY-ST-ZIP CITY-ST-7IP KISSIMMEE, FL 34743 ۷D Delete ☐ Change TITLE ☐ Addition TAYLOR, DIMARA NAME NAME 3262 HUNTERS CHASE LOOP STREET ADDRESS STREET ADDRESS KISSIMMEE FL 34743 CITY ST. 7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- 7IE 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 with all other like empowered.

**FILED** 

4/24/02

Daytime Phone #

Date