

# 2003 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT# P01000049107**

1. Entity Name

**ANY TIME PAINTING & SERVICES, INC.**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91869 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**7545 E TREASURE DR APT 10F**  
**NORTH BAY VILLAGE FL 33141**

**7545 E TREASURE DR APT 10F**  
**NORTH BAY VILLAGE FL 33141**

2. Principal Place of Business

3. Mailing Address

Suite Apt. #, etc.

Suite. Apt. #, etc.

City & State

City & State

4. FEI Number

**65-1103422**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GONCALVES, SERGIO S**

**7545 E TREASURE DR APT 10F**

**NORTH BAY VILLAGE FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

**04/28/03**

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, 2003 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

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONCALVES, SERGIO S		NAME	
STREET ADDRESS	7545 E TREASURE DR APT 10F		STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		CITY-ST-ZIP	
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUSIKAS, ARISTOTELES L		NAME	
STREET ADDRESS	7545 E TREASURE DR APT 10F		STREET ADDRESS	
CITY-ST-ZIP	NORTH BAY VILLAGE FL 33141		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 N changed or on an attachment with an address, with all other like empowered.

SIGNATURE

*Sergio S. Goncalves*

**04/28/03**

*305 8679464*

Date Daytime Phone #