

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

041986 AV

DOCUMENT # P01000049635

1. Entity Name
G S R PAINTING, INC.

04-15-2002 90068 044 ***150.00

Principal Place of Business
8506 WOODHURST DR.
TAMPA FL 33615-2047

Mailing Address
8506 WOODHURST DR.
TAMPA FL 33615-2047



2. Principal Place of Business
1805 Woodcut Dr.
 Suite, Apt. #, etc.

3. Mailing Address
1805 Woodcut Dr.
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Lutz FL	City & State Lutz FL	4. FEI Number 59-3721066	Applied For <input type="checkbox"/> Not Applicable
Zip 33559	Country Pasco	Zip 33559	Country Pasco
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.			

6. Name and Address of Current Registered Agent SCHWANENBERGER, SUE 8506 WOODHURST DR. TAMPA FL 33615-2047	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1805 Woodcut Dr City Lutz FL Zip Code 33559
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWANENBERGER, GREGORY 8506 WOODHURST DR. TAMPA FL 33615-2047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Woodcut Dr. Lutz FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHWANENBERGER, SUE 8506 WOODHURST DR. TAMPA FL 33615-2047 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1805 Woodcut Dr Lutz FL 33559
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sue A. Schwanenberg* **4/4/02** **813-261-6541**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)