

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90026 032 ***150.00

DOCUMENT # P01000070569

1. Entity Name
MASTRO PAINTING, INC.

Principal Place of Business
3822 HOLIDAY LAKE DR
HOLIDAY FL 33691

Mailing Address
3822 HOLIDAY LAKE DR
HOLIDAY FL 33691

2. Principal Place of Business

3822 Holiday Lake Drive

3. Mailing Address

3822 Holiday Lake Drive

Suite, Apt. #, etc.

N/A

Suite, Apt. #, etc.

N/A

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34691

Country

USA

Zip

34691

Country

USA

4. FEI Number

59-3734231

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MASTROVASILIS, EMANUEL
3822 HOLIDAY LAKE DR
HOLIDAY FL 33691

Name and Address of New Registered Agent

Name **Mastro Painting, Inc.**
 Street Address (P.O. Box Number is Not Accepted) **3822 Holiday Lake Drive**
 City **Holiday** FL **34691**

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 **Emanuel Mastrovasilis, President** **4/15/2002**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	MASTROVASILIS, EMANUEL	
STREET ADDRESS	3822 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY FL 33691	
TITLE	D	<input type="checkbox"/> Delete
NAME	MASTROVASILIS, APHRODITE	
STREET ADDRESS	3822 HOLIDAY LAKE DR	
CITY-ST-ZIP	HOLIDAY FL 33691	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Emanuel Mastrovasilis, President** **4/15/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **727-9438849**

CR2E034 (9/01)