

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91165 036 \*\*\*150.00

DOCUMENT # P01000092751

1. Entity Name

The PAINTING PROFESSIONAL OF KISSIMMEE

Principal Place of Business

Mailing Address

12801 CANE POLE CT.  
 ORLANDO FL 32828

12801 CANE POLE CT.  
 ORLANDO FL 32828

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3758771

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Luis G. Becerra  
 12801 CANE POLE CT.  
 ORLANDO FL 32828

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME Luis G. Becerra  
 STREET ADDRESS 12801 CANE POLE CT.  
 CITY - ST - ZIP ORLANDO FL 32828 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE STD  
 NAME Jose L. Ayala  
 STREET ADDRESS 12801 CANE POLE CT.  
 CITY - ST - ZIP ORLANDO FL 32828 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Delete

TITLE  
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 CITY - ST - ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP ☐ Change ☐ 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: 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

Date

Daytime Phone

4/29/02 407.348.4159