

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000096833

FILED  
Apr 07, 2003  
Secretary of State

Entity Name: ED MARTORANA PAINTING, INC.

**Current Principal Place of Business:**

330 HINTON STREET  
PT CHARLOTTE, FL 33954

**New Principal Place of Business:**

**Current Mailing Address:**

330 HINTON STREET  
PT CHARLOTTE, FL 33954

**New Mailing Address:**

FEI Number: 65-1147103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARTORANA, ED  
330 HINTON STREET  
PT CHARLOTTE, FL 33954

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARTONANA, ED  
Address: 330 HINTON STREET  
City-St-Zip: PT CHARLOTTE, FL 33954

Title: VD ( ) Delete  
Name: MARTONANA, RUTH  
Address: 330 HINTON STREET  
City-St-Zip: PT CHARLOTTE, FL 33954

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED MARTORANA

PD

04/07/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date