## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

P01000097605

1. Entity Name

GEORGE'S PAINTING, INC.



## Apr 18, 2003 8:00 am Secretary of State 04-18-2003 90147 020 \*\*\*150.00

|  | , , , , , , , , , , , , , , , , , , ,                                 |  |  |  | '  |  |                          |                             |                             |                 |
|--|---|--|--|--|--|--|--------------------------|-----------------------------|-----------------------------|-----------------|
| Principal Place of Business<br>1363 HENDREN DRIVE<br>ORLANDO FL 32807  |   | Mailing Address<br>1363 HENDREN DRIV<br>ORLANDO FL 32807 | /E   | 1  | <b>-</b>   |  |                          |                             |                             |                 |
|  |   |  |  |  |  |  |                          |                             |                             |                 |
| 2. Principal F   | Place of Business   | 3. Mailing Address                                       |  | L.C. 10 (1)  |  |  | I <b>af</b> iii baha iki | II I <b>ngin B</b> irki     | EEIDI DIII IBBI             |                 |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.                                      |  | 1  | 1  | CHECK HERE I   | F MAKING (               | CHANGES                     |                             |                 |
| City & State   |   | City & State   |  |  | 4. FI  | El Number <b>59-3747256</b>  |                          | <u> </u>                    | oplied For<br>of Applicable | -               |
| Zip  | Country   | Zip  | Coun   | try  | <b>5.</b> C                                      | Certificate of Status Desired  |                          | 8.75 Ade                    |                             |                 |
|  | 6. Name and Address of Current  | Registered Agent   |  |  | 7. N   | ame and Address of New Re  | gistered Ag              | ent                         |                             | [               |
| CCDNAND  | NET IODOE A   |  |  | Name   |  | •  |                          |                             |                             |                 |
| FERNANDEZ, JORGE A<br>1363 HENDREN DRIVE   |   | ** · · · · · · · · · · · · · · · · · ·                   |  | Street Address   | reet Address (P.O. Box Number is Not Acceptable) |  |                          |                             |                             |                 |
|  | ) FL 32807  |  |  |  | _  |  |                          |                             |                             | ł               |
| ONDARDO  | 7 1 0 0 0 0 0 1   | ~ <u>.</u>   | in all   | City   |  | <del></del>  |                          | Zip Cod                     | le .                        | -               |
|  |   |  | <u> </u>   | ·  |  | ****   | • FL                     |                             |                             |                 |
|  | named entity submits this statement for<br>ions of registered agent.  | or the purpose of changin                                | ng its registere   | ed office or registe   | red age  | ent, or both, in the State of Flor   | ida. I am far            | miliar with,                | and accept                  |                 |
| 1110 00 nga  | one or registered agains  |  |  |  |  |  |                          |                             |                             |                 |
| SIGNATURE .  | Signature, typed or printed name of registered agent                  | and title if applicable.                                 | (NOTE: Registered  | d Agent signature required   | d when rein                                      | nstating)  | DATE                     |                             |                             |                 |
| F  | ILE NOW!!! FEE IS \$150.00  | ν.   |  |  | - 4  |  |                          |                             |                             |                 |
| After  | r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of | of State   |  |  |  | <ol> <li>Election Campaign Fina<br/>Trust Fund Contribution</li> </ol>   | ~ ~~                     | <b>\$5.0</b><br>Added       | 0 May Be<br>to Fees         |                 |
| 10.  | OFFICERS AND  | DIRECTORS  | 11.  |  | ADD  | DITIONS/CHANGES TO OFFI  | CERS AND E               | IRECTOR                     | S IN 11                     |                 |
| TITLE  | PSTD  | ☐ Delete   | TITLE  |  |  |  |                          | Change                      | ☐ Addition                  | 7,02            |
|  | CCONTANDEZ TODOC A  | ☐ Detete   |  |  |  |  |                          |                             |                             |                 |
| NAME   | FERNANDEZ, JORGE A  | ☐ Delete   | NAME   | "  |  |  | Ŀ                        |                             |                             | ٥               |
|  | FERNANDEZ, JORGE A<br>1363 HENDREN DRIVE<br>ORLANDO FL 32807          | □ Delete   | STRE   | E<br>ET ADDRESS<br>- ST-ZIP  |  |  | L                        |                             |                             | E034 (1)        |
| NAME<br>STREET ADORESS   | 1363 HENDREN DRIVE  | Delete   | STRE   | ET ADDRESS<br>- ST-ZIP   | _  | MANUEL MA |                          | Change                      | ☐ Addition                  | 3R2E034 (10     |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | 1363 HENDREN DRIVE  |  | STRE<br>CITY<br>TITLE<br>NAME  | ET ADDRESS<br>-ST-ZIP  | _  |  |                          |                             | ☐ Addition                  | CR2E034 (10/02) |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | 1363 HENDREN DRIVE  |  | STREI<br>CITY-<br>TITLE<br>NAME<br>STRE  | ET ADDRESS -ST-ZIP : E ET ADDRESS  | _  | · · · · · · · · · · · · · · · · · · ·  |                          |                             | Addition                    | CR2E034 (10     |
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

**SIGNATURE:** 

Daytime Phone #