

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

04-18-2002 90464 013 ***150.00

DOCUMENT # P01 0000 98741

1. Entity Name
ALL AREA PAINTING AND WEATHERPROOFING INC.
P.O. BOX 874
CRYSTAL SPRINGS, FL 33524

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1537 Partridge St
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 874
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CRYSTAL SPRINGS, FL
Zip
33524 Country
PASCO

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CRYSTAL SPRINGS, FL
Zip
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4. FEI Number
59-3748261
Applied For
☐ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
THOMAS D. WOODS
Street Address (P.O. Box Number is Not Acceptable)
1537 Partridge St.
City
CRYSTAL SPRINGS FL Zip Code
33524

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 Patty Woods Thomas Woods 5/3/02 3/13/02
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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>PRESIDENT</u> <u>THOMAS D. WOODS</u> <u>1537 PARTRIDGE ST.</u> <u>CRYSTAL SPRINGS, FL 33524</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>VICE PRESIDENT</u> <u>STEVEN C. WOODS</u> <u>1537 PARTRIDGE ST.</u> <u>CRYSTAL SPRINGS</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>TREASURER</u> <u>PATTY WOODS</u> <u>1537 PARTRIDGE ST.</u> <u>CRYSTAL SPRINGS, FL 33524</u>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Patty Woods 3/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)