

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

04-21-2002 90940 001 ***150.00
 04-21-2002 90940 002 *****8.75

DOCUMENT # P01000111517

1. Entity Name
W & T PAINTING INC.

Principal Place of Business

**5428 RIPPLE CREEK DR.
 TAMPA FL 33625**

Mailing Address

**5428 RIPPLE CREEK DR.
 TAMPA FL 33625**

2. Principal Place of Business

5428 Ripple Creek DR

Suite, Apt. #, etc.

House

City & State
Tampa FL

Zip
33625

Country
Hillborough

3. Mailing Address

5428 Ripple Creek DR

Suite, Apt. #, etc.

House

City & State
Tampa FL

Zip
33625

Country
Hillborough



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**QUIROS, JOSE
 5428 RIPPLE CREEK DR.
 TAMPA FL 33625**

7. Name and Address of New Registered Agent

Name
Wilbert Leon

Street Address (P.O. Box Number is Not Acceptable)

5428 Ripple Creek DR

City
Tampa

FL

Zip Code
33625

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 **Jose R.T. Quiros**
 Signature, typed or printed name of registered agent and title if applicable.

Jose Quiros
 (NOTE: Registered Agent signature required when reinstating)

04-09-02
 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 NAME STREET ADDRESS CITY-ST-ZIP	Quiros, Jose 5428 Ripple Creek DR Tampa FL 33625	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P= Wilbert Leon 5428 ripple creek DR 33625 Tampa F.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V= Yorleni Umaña 5428 Ripple Creek DR 33625 Tampa FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Wilbert Leon Panigua**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-09-02 813-417-25-84
 Date Daytime Phone #

CR2E034 (9/01)