

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91196 018 ***158.75

DOCUMENT # PO1000111667

1. Entity Name

Dee Painting Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

570 Ching Berry Ln.
Suite, Apt. #, etc.

3. Mailing Address

570 Ching Berry Ln.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HAUONG, FL.

City & State

HAUONG, FL.

4. FEI Number

59-3757422

Applied For

Not Applicable

Zip

32333

Country

Gadsden

Zip

32333

Country

Gadsden

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

DANETTE DEE RAMOS

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

570 Ching Berry Ln.

City

HAUONG

FL

Zip Code

32333

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**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

DANETTE DEE RAMOS
570 Ching Berry Ln.
HAUONG FL 32333

TITLE
NAME

STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME

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CITY-ST-ZIP

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IN THIS SPACE**

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:

DANETTE D. RAMOS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-02

Daytime Phone #

567-6200

CR2E034B (12/01)