

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

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90118 018 ***150.00

DOCUMENT # P01000113283

1. Entity Name

D & L Professional Painting of Central
Florida Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1784 Marker Road

Suite, Apt. #, etc.

3. Mailing Address

1784 Marker Road

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Polk City FL

City & State
Polk City FL

4. FEI Number

59-3760566

Applied For

Not Applicable

Zip
33868

Country
Polk

Zip
33868

Country
Polk

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Duane Flood

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

1784 Marker Road

City

Polk City

FL

Zip Code

33868

**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 *Duane Flood*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-23-02

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	PD Duane Flood 1784 Marker Road Polk City FL 33868	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD Loretta Prochazka 1784 Marker Road Polk City FL 33868	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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: *Duane Flood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 *813-412-4082*

Date

Daytime Phone #

CR2E034B (12/01)