FILED
Jul 22, 2002 8:00 am
Secretary of State
05-24-2002 91290 037 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000115535

1. Entity Name
NATIONAL FACILITIES PAINTING, INC.

Principal Place of Business	Mailing Address
11167 TRADEWINDS BLVD LARGO FL 33773	11167 TRADEWINDS BLVD LARGO FL 33773

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Same as above		Same as above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Largo Fl		City & State: largo Fl	
Zip: 33773	Country: US	Zip: 33773	Country: US

4. FEI Number: 59-3759088 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCIANDRA, JOSEPH S 11167 TRADEWINDS BLVD LARGO FL 33773	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) ☐

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. Joe Sciandra 11167 Tradewinds Largo Fl. 33773 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	David Wickam Vice Pres. 525 Richards Ave Clearwater Fl. 33755 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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: Joseph S. Sciandra 5-1-02 (727) 393-4880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #