

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

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

05-09-2003 90146 016 \*\*\*150.00

DOCUMENT # **P01000118201**

1. Entity Name

**Joe Thompson Painting, Inc.**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**Tallahassee, FL**

3. Mailing Address

**64 Talquin Hideaway Rd. Quincy, FL**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Quincy, FL**

City & State

**FL, Quincy**

4. FEI Number

**300016878**

Applied For

Not Applicable

Zip

**32351**

Country

**USA**

Zip

**32351**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

7. Name and Address of Current Registered Agent

Name

**Joseph Thompson**

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

**64 Talquin Hideaway Rd.**

City

**Quincy**

**FL**

Zip Code

**32351**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Joseph Thompson**

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

(NOTE: Registered Agent signature required when reinstating)

**5/8/03**

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D. Vince Finaldi  
64 Talquin Hideaway Rd. Quincy, FL 32351**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D. Chris Hinton  
64 Talquin Hideaway Rd.  
(Quincy FL 32351)**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Chris Hinton**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**5/8/03**

Daytime Phone #

CR2E034B (12/02)

Attachment

# 80117885  
P010 00118201

C) To whom it may concern:

My home caught on fire  
and all paper and documents were  
destroyed. I had to have this form  
sent via mail. If any questions  
please feel free to contact me at  
(800) 524-7919

Joseph Joseph P. Inc.