## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P01000118243 **DOCUMENT #**

1. Entity, Name



## **FILED** Mar 06, 2003 8:00 am Secretary of State

03-06-2003 90122 040 \*\*\*150.00

DEMCO PAINTING, INC.								
Principal Pla 2130 MUSTA ST. CLOUD		Mailing Ad 2130 MUST ST. CLOUE	rang ct.				** ****** 1481	
9 Principal	Place of Business	l a Mailing A	Material School					
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE	E IF MAKING C	CHANGES	6
City & State		City & Sta	ate		4. FEI Number 01-0561946 Applied For			
Zip	Country	Zip	C	Country	5. Certificate of Status Desired	\$t	<b>8.75</b> Ac	
	6. Name and Address of Curre	ent Registered Ag	ent		7. Name and Address of New		e Requir	<u></u>
O' IEDDA				Name	<del>arti fine ⊈ artini da</del>	- · ·		<del>, , , , , , , , , , , , , , , , , , </del>
	, FERMINO				(P.O. Box Number is Not Acceptable	le)		<del></del>
	STANG CT.					··-		
31. ULUI	UD FL 34771				-			
				City		FL	Zip Cod	
8. The above	e named entity submits this statement ations of registered agent.	t for the purpose o	f changing its regis	stered office or registe	ered agent, or both, in the State of Fl	lorida. I am fam	niliar with,	and accept
ille oblige	ations or registered agent.							
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if annlinable	(NOTE: Regi	in the second American and the second and the secon	·			
		on and the truphcasic.	(NOTE, negi	istered Agent signature require	ed when reinstating)	DATE		
	"" " \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
Afte	FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State			9. Election Campaign Fi Trust Fund Contribution		<b>\$5.0</b> Adde	00 May Be d to Fees
Afte	er May 1, 2003 Fee will be \$550.0 k Payable to Florida Department	of State		11.	Trust Fund Contribution	on. 🗆	Adde	d to Fees
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE >