

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90167 034 ***163.75

DOCUMENT # P01000119923

1. Entity Name
LAWRENCE ANTHONY PAINTING & DECORATING, INC.

Principal Place of Business

**6580 WINFIELD BLVD.
MARGATE FL 33063**

Mailing Address

**6580 WINFIELD BLVD.
MARGATE FL 33063**

912000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

651159574

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MITCHELL, LAWRENCE A
6580 WINFIELD BLVD.
MARGATE FL 33063**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 **P** ☐ Delete
NAME **MITCHELL, LAWRENCE A**
STREET ADDRESS **6580 WINFIELD BLVD.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **NOCITO, CHRISTINE R**
STREET ADDRESS **6580 WINFIELD BLVD.**
CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE MITCHELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-02

Date

(954) 913-5920

Daytime Phone #

CR2E034 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000119923**
 1. Entity Name
LAWRENCE ANTHONY PAINTING & DECORATING, INC.

Attachment

Principal Place of Business
6580 WINFIELD BLVD.
MARGATE FL 33063

Mailing Address
6580 WINFIELD BLVD.
MARGATE FL 33063

972366



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
65159574

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

6. Name and Address of Current Registered Agent
MITCHELL, LAWRENCE A
6580 WINFIELD BLVD.
MARGATE FL 33063

7. Name and Address of New Registered Agent
 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 date 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

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MITCHELL, LAWRENCE A | |
| STREET ADDRESS | 6580 WINFIELD BLVD. | |
| CITY-ST-ZIP | MARGATE FL 33063 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | NOCITO, CHRISTINE R | |
| STREET ADDRESS | 6580 WINFIELD BLVD. | |
| CITY-ST-ZIP | MARGATE FL 33063 | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

ENTERED APR 12 2002 ☐ Change ☐ Addition

LAWRENCE MITCHELL
6580 WINFIELD BLVD
MARGATE, FL 33063-7108

CBA Capital Builder Account

352

DATE **4-12-02**

25-80/440

PAY TO THE ORDER OF **Department of State** \$**163.75**

One hundred sixty-three and 75/100 DOLLARS

Merrill Lynch

BANK ONE BANK ONE, COLUMBUS, MA
 Columbus, Ohio 43271

MEMO **2002 Ann Report**

0044000804: 041107209111# 0352

I Statutes. I further certify that the information
 ade under oath: that I am an officer or director
 at my name appears in Block 11 or Block 12 if

SIGNATURE: *L A Mitchell* **4-12-02** **(954) 973-5920**

Attachment
Lawrence Anthony Painting & Decorating, Inc.

972366

6580 Winfield Blvd.
Margate, FL 33063
(954) 973-5920
(954) 974-1959 Fax
Email: Lawrence.Painting@aol.com

PO1 000 119923

July 31, 2002

Division of Corporations
Uniform Business Report Filings
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: 2002 Annual Report

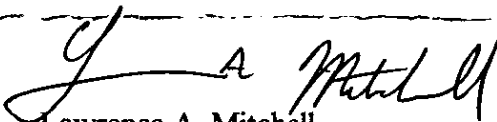
To Whom It May Concern,

Per my conversation with your office today I verified that you did not receive our previous report which was sent on 4/12/02, please see a copy of the report along with a copy of my check for \$163.75 which was from my investment savings account which I do not receive monthly statements on so I am verifying if payment was processed.

Per your office I am enclosing the second Report Form that I recently received and am including the fee of \$163.75 again for processing.

I am a new business owner and am complying with all requirements of me. Please process my report at your earliest convenience and I will call the office again in about 2 weeks to make sure it was received.

Thank you,



Lawrence A. Mitchell
President

Enclosures

LAM:cm