

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

FILED
Jun 12, 2003 8:00 am
Secretary of State

06-12-2003 90009 042 ***150.00

DOCUMENT # *P0200000599* (L)

1. Entity Name

S.T. Lawrence Painting Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Mobile

Suite, Apt. #, etc.

3. Mailing Address

1224 Marie Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Apopka, FL

City & State

Apopka FL

4. FEI Number

59-331-9497

Applied For

Not Applicable

Zip

Country

32703 Seminole

Zip

Country

32703 Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Lawrence H. Koster

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

1224 Marie Ave.

City

Apopka

FL

Zip Code

32703

**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

Lawrence H. Koster

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

(NOTE: Registered Agent signature required when reinstating)

6-8-03

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
*Owner P.S.T.
Lawrence H. Koster
1224 Marie Ave.
Apopka FL 32703*

TITLE
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CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence H. Koster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-03

Date

Daytime Phone #

CR2E034B (12/02)