

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90269 041 ***158.75

DOCUMENT # P02000009413

1. Entity Name
BAUHAUS PAINTING & RESTORATION SPECIALISTS, INC.



Principal Place of Business
5267 ELLEN COURT
ST. AUGUSTINE FL 32086

Mailing Address
5267 ELLEN COURT
ST. AUGUSTINE FL 32086

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

26-0010822

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LEON, LISA M
LEON LAW OFFICE, P.A.
5095 US 1 SOUTH
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name STEPHEN P. SULLIVAN

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

5267 ELLEN CT.

City ST. AUGUSTINE,

FL

Zip Code 32086

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

STEPHEN P. SULLIVAN PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

2-13-03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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	<u>PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>STEPHEN P. SULLIVAN</u>	
STREET ADDRESS	<u>5267 ELLEN CT.</u>	
CITY-ST-ZIP	<u>ST. AUGUSTINE, FL 32086</u>	
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Delete
NAME	<u>LUCAS L. DORR</u>	
STREET ADDRESS	<u>22 MONTANA AVE</u>	
CITY-ST-ZIP	<u>ST. AUGUSTINE, FL 32080</u>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>STEPHEN P. SULLIVAN</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>PRESIDENT/T/D/C/M</u>	
STREET ADDRESS	<u>5267 ELLEN CT.</u>	
CITY-ST-ZIP	<u>ST. AUGUSTINE, FL 32086</u>	
TITLE	<u>VICE PRESIDENT</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>LUCAS DORR</u>	
STREET ADDRESS	<u>22 MONTANA AVE</u>	
CITY-ST-ZIP	<u>ST. AUGUSTINE, FL 32080</u>	
TITLE	<u>BETTY J. SULLIVAN</u>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>SECRETARY</u>	
STREET ADDRESS	<u>5267 ELLEN CT.</u>	
CITY-ST-ZIP	<u>ST. AUGUSTINE, FL 32086</u>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-03

Date

904-814-2198

Daytime Phone #

CR2E034 (10/02)