

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90454 040 ***150.00

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DOCUMENT # P02000016377

1. Entity Name
BRECK AND MINERVA'S PAINTING, INC.



Principal Place of Business
22344 NIAGARA AVENUE
PORT CHARLOTTE FL 33952

Mailing Address
22344 NIAGARA AVENUE
PORT CHARLOTTE FL 33952

2. Principal Place of Business

28840 BERMONT Rd.

3. Mailing Address

28840 BERMONT ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

PUNTA GORDA, FL

Zip

33982

Country

UNITED STATES

Zip

33982

Country

UNITED STATES

4. FEI Number

01-0614671

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKISON, MINERVA

22344 NIAGARA AVENUE

PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name

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

28840 BERMONT ROAD

City

PUNTA GORDA

FL

Zip Code

33982

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP

P
MINERVA HANKISON
28840 BERMONT ROAD
PUNTA GORDA, FL 33982-2103

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V
BRECK HANKISON
28840 BERMONT ROAD
PUNTA GORDA, FL 33982-2103

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TITLE
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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided 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 has 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 section 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 MINERVA HANKISON

2/20/03 941-639-3511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)