

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90041 011 ***150.00

DOCUMENT # P02000026591

1. Entity Name
J.W. PAINTING AND SPECIALTIES INC.



Principal Place of Business
**4527 OAK FOREST CT.
ORLANDO FL 32804**

Mailing Address
**4527 OAK FOREST CT.
ORLANDO FL 32804**

1120 Lancelot WAY

1120 Lancelot WAY

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Casselberry FLA.

City & State
Casselberry FLA

4. FEI Number
75-3076148

Applied For
☐ Not Applicable

Zip
32707

Country
USA

Zip
32707

Country
USA

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

**WHITE, JERRELL A
4527 OAK FOREST CT.
ORLANDO FL 32804**

Name **Alfredo Perez**
Street Address (P.O. Box Number is Not Acceptable)
90 Hidden Lake Dr Apt 164

City **SANDFORD** FL Zip Code **32773**

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 **Jerrell A White** President

DATE **7-11-03**

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President**
NAME **Jerrell A White**
STREET ADDRESS **1120 Lancelot Way**
CITY-ST-ZIP **CASSELBERRY FLA 32707**

TITLE **Vice President**
NAME **Alfredo Perez**
STREET ADDRESS **90 Hidden Lake Dr Apt 164**
CITY-ST-ZIP **SANDFORD, FL 32773**

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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: **Jerrell A White**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **7-11-03** DAYTIME PHONE # **407-758-5667**

CR2E034 (4/03)