

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90068 016 \*\*\*150.00

**DOCUMENT # P02000052107**

**1. Entity Name**  
**JOHN'S PAINTING & WEATHERPROOFING CORPORATION**



**Principal Place of Business**  
**7918 THATCHER AVE.**  
**TAMPA FL 33614**

**Mailing Address**  
**7918 THATCHER AVE.**  
**TAMPA FL 33614**

00000000



**2. Principal Place of Business**

**10219 Lockwood Pine Ln.**

Suite, Apt. #, etc.

**Tpa FL**

City & State

Zip  
**33635**

Country

**3. Mailing Address**

**10219 Lockwood Pine Ln.**

Suite, Apt. #, etc.

City & State  
**Tpa Florida**

Zip  
**33635**

Country

**4. FEI Number**

**41-2040740**

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**

**CRUZ, OCTAVIO**  
**5015 W. WATERS AVE**  
**SUITE F**  
**TAMPA FL 33634**

**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. 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** **P** ☐ Delete  
**NAME** **MOJICA, JUAN B**  
**STREET ADDRESS** **7918 THATCHER AVE**  
**CITY-ST-ZIP** **TAMPA FL 33614**

**TITLE** **V** ☐ Delete  
**NAME** **FERNANDEZ, JANICE**  
**STREET ADDRESS** **7918 THATCHER AVE**  
**CITY-ST-ZIP** **TAMPA FL 33614**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **Mojica, Juan R. (P)** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **10219 Lockwood Pine Lane (only Address)**  
**CITY-ST-ZIP** **Tampa Florida 33635**

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

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

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

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

**TITLE** ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

**2-10-03 (813) 855.4247**

CR2E034 (10/02)