

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000060982

1. Entity Name

TWISTER PAINTING, INC.

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91417 041 ***150.00

11040359

Principal Place of Business

Mailing Address

3765 TURTLE RUN BLVD. #1723

3765 TURTLE RUN BLVD. #1723

CORAL SPRINGS FL 33067

CORAL SPRINGS FL 33067

2. Principal Place of Business

3621 TURTLE RUN BLVD

3. Mailing Address

3621 Turtle Run BLVD

Suite Apt. #, etc.

1024

Suite. Apt. #. etc.

1024

City & State

CORAL SPRINGS FL

City & State

CORAL SPRINGS FL

4. FEI Number

02-0608110

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

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

DE SOUZA, SAULO E

3765 TURTLE RUN BLVD.

#1723

CORAL SPRINGS FL 33067

Name

TAX HOUSE CORPORATION

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

531 E SAMPLE RD.

City

POMPAÑO BEACH

FL

Zip Code

33064

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

05/01/03

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW! FEE IS \$150.00

After MAY 1, 2003 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS /CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD ☐ Delete
NAME DE SOUZA, SAULO E
STREET ADDRESS 3765 TURTLE RUN BLVD. #1723
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE PTD ☒ Change ☐ Addition
NAME DE SOUZA, SAULO E
STREET ADDRESS 3621 TURTLE RUN BLVD 1024
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE VD ☒ Delete
NAME LINGORDO, SABASTIAO O
STREET ADDRESS 9394 BOCA RIVER CL.
CITY-ST-ZIP BOCA RATON FL 33434

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

TITLE SD ☒ Delete
NAME DOS SANTOS, MARCIO G
STREET ADDRESS 3610 NE 16TH AVE.
CITY-ST-ZIP POMPAÑO BEACH FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(1), 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 11 or Block 12 N 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 #