

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90122 018 ***150.00

DOCUMENT # P02000066521



1. Entity Name
PORZIO'S PAINTING, INC.

Principal Place of Business
**P.O. BOX 231
LEHIGH ACRES FL 33970**

Mailing Address
**P.O. BOX 231
LEHIGH ACRES FL 33970**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

01-0712560

Applied For

Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**SOUTHWEST PROFESSIONAL SERVICES OF SO. FL.
INC.
13571 MCGREGOR BLVD. #22
FORT MYERS FL 33919**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P.D.	PORZIO, MICHAEL	<input type="checkbox"/> Delete
NAME	P.O. BOX 231	
STREET ADDRESS	LEHIGH ACRES FL 33970	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PORZIO, MICHAEL	<input checked="" 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		
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

3-21-03

Date Daytime Phone #

CR2E034 (10/02)

Attachment

90060533
PO2000066521

Michael Borzjo

TAX TRANSMITTAL MEMO

The attached form is your: **FLORIDA CORPORATION ANNUAL REPORT**

You should file this now although it will not be delinquent until May 1st.

If you fail to file this form, you will receive a reminder. If you still do not file, **YOUR CORPORATION WILL BE DISSOLVED BY THE STATE. REINSTATEMENT IS EXPENSIVE.**

SIGN THE TAX FORM, MAKE YOUR CHECK FOR \$150.00 payable to SECRETARY OF STATE and mail to: Division of Corporations, Annual Reports Section, P.O. Box 1500, Tallahassee, FL 32302-1500 in the enclosed envelope.

Return this to us. Date Paid 30003 Check # 927