

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91837 016 ***150.00

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DOCUMENT # **P02000091766**

1. Entity Name
COLE PAINTING INCORPORATED
BUCCANEER

Principal Place of Business
10309 GREEN GROVE PLACE
TAMPA FL 33624

Mailing Address
10309 GREEN GROVE PLACE
TAMPA FL 33624

2. Principal Place of Business
11405 WAVELAND WAY

3. Mailing Address
11405 WAVELAND WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. FEI Number
42-1547442

Applied For
Not Applicable

Zip
33624

Country
USA

Zip
33624

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

COLE, LISA K
10309 GREEN GROVE PLACE
TAMPA FL 33624

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 **LISA KAY COLE - PRESIDENT**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COLE, LISA K
10309 GREEN GROVE PLACE
TAMPA FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
COLE, LISA K
11405 WAVELAND WAY
TAMPA, FL 33624

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VIOLETTE, SCOTT S
10309 GREEN GROVE PLACE
TAMPA FL 33624

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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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: **LISA KAY COLE** *Lisa Kay Cole*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-03

Date

813-361-5511

Daytime Phone #

CR2E034 (10/02)