

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0116713 AV

DOCUMENT # P02000092890

1. Entity Name

PAINT MASTERS OF CENTRAL FLORIDA, INC



Principal Place of Business  
12803 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

Mailing Address  
12803 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

2. Principal Place of Business

2511 Brookstone DR

3. Mailing Address

2511 Brookstone DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Kissimmee, FL

Zip

34744

Country

U.S.

Zip

34744

Country

U.S.

4. FEI Number

113649621

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

GARCIA, KATHRYN J  
12803 DOWNSTREAM CIRCLE  
ORLANDO FL 32828

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 GARCIA, DANNY I  
STREET ADDRESS 12803 DOWNSTREAM CIRCLE  
CITY-ST-ZIP ORLANDO FL 32828

TITLE VP ☒ Delete  
NAME GARCIA, KATHRYN J  
STREET ADDRESS 12803 DOWNSTREAM CIRCLE  
CITY-ST-ZIP ORLANDO FL 32828

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 P ☒ Change ☐ Addition  
NAME GARCIA, DANNY I  
STREET ADDRESS 2511 BROOKSTONE DR.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE VP ☒ Change ☐ Addition  
NAME GARCIA, KATHRYN J  
STREET ADDRESS 2511 BROOKSTONE DR  
CITY-ST-ZIP KISSIMMEE, FL 34744

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03

Date

407-344-2305

Daytime Phone #

CR2E034 (10/02)