

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

0601492 AV

DOCUMENT # P02000098019

1. Entity Name
VICTOR HERNANDEZ PAINTING INC.



03-17-2003 90607 001 ***150.00
03-17-2003 90607 002 *****8.75

Principal Place of Business
**9228 QUIET LANE
WINTER GARDEN FL 34787**

Mailing Address
**9228 QUIET LANE
WINTER GARDEN FL 34787**

2. Principal Place of Business
Same AS Above
Suite, Apt. #, etc.

3. Mailing Address
504 Bird Song Ct
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

City & State
Longwood, FL

4. FEI Number
611424886

Applied For
Not Applicable

Zip Country

Zip Country
32779 Seminole

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

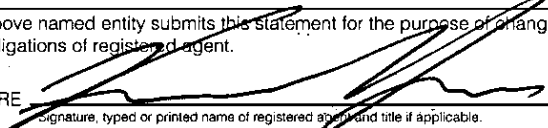
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, VICTOR
9228 QUIET LANE
WINTER GARDEN FL 34787**

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)

3/12/03
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 **P** ☐ Delete
NAME **HERNANDEZ, VICTOR**
STREET ADDRESS **9228 QUIET LANE**
CITY-ST-ZIP **WINTER GARDEN FL 34787**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/12/03
Date Daytime Phone #

CR2E034 (10/02)