

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0014290 AV

DOCUMENT # P02000118845

1. Entity Name
JAVIER RAYMAT PAINTING, INC.



APPROVED
AND
FILED

03 SEP 11 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4211 CONTINENTAL BLVD
ORLANDO FL 32808

Mailing Address
4211 CONTINENTAL BLVD
ORLANDO FL 32808

2. Principal Place of Business

4211 Continental Blvd

Suite, Apt. #, etc.

3. Mailing Address

4211 Continental Blvd

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Orlando, Florida

Zip
32808

Country
Orange

City & State
Orlando, Florida

Zip
32808

Country
Orange

4. FEI Number
04-3720330

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RAYMAT, JAVIER
4211 CONTINENTAL BLVD
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name Raymat, Javier
Street Address (P.O. Box Number is Not Acceptable)
4211 Continental Blvd.
City Orlando FL Zip Code 32808

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 Javier Raymat
Signature, typed or printed name of registered agent and title if applicable.

President
(NOTE: Registered Agent signature required when reinstating)

9-9-03
DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 DP
NAME RAYMAT, JAVIER
STREET ADDRESS 4211 CONTINENTAL BLVD
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300022966453
09/11/03--01054--009 **\$50.00

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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: Javier Raymat SIGNATURE REQUIRED (Pres) 9-9-03 407-857-5229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)