

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P05000072930**

1. Entity Name  
**U-BERT PAINTING INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 SEP 18 AM 11:54

Principal Place of Business  
11080 NW 38 STREET  
CORAL SPRINGS, FL 33065 US

Mailing Address  
11080 NW 38 STREET  
CORAL SPRINGS, FL 33065 US



**DO NOT WRITE IN THIS SPACE**

07112007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-3040244

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BROWN, HUBERT A  
11080 NW 38 STREET  
CORAL SPRINGS, FL FL

**DO NOT WRITE  
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees!**

200109597393  
08/18/07--01064--022 \*\*558.75

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
BROWN, HUBERT A  
11080 NW 38 STREET  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SEC  
BROWN, HUBERT A  
11080 NW 38 STREET  
CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

HUBERT A. BROWN

Date

Sep 16.07

Daytime Phone #

954-290-2257