

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0633773 AV

**DOCUMENT # P93000017922**

1. Entity Name

**MIZNER PAINTING SERVICES, INC.**

04-02-2002 90931 035 \*\*\*150.00

Principal Place of Business

3699 SE 54TH CT  
 OCALA FL 34471-9395  
 US

Mailing Address

3699 SE 54TH CT  
 OCALA FL 34471-9395  
 US



2. Principal Place of Business

926 SE 23<sup>rd</sup> ST.  
 Suite, Apt. #, etc.

3. Mailing Address

926 SE 23<sup>rd</sup> ST  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

OCALA FL

City & State

OCALA FL

4. FEI Number

59-3174862

Applied For

Not Applicable

Zip

34471

Country

Zip

34471

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MIZNER, KAREN W**  
 3699 SE 54TH CT  
 OCALA FL 34471-9395

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

926 SE 23<sup>rd</sup> ST

City **OCALA**

**FL**

Zip Code

**34471**

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.

SIGNATURE

*[Signature]* KWM

(NOTE: Registered Agent signature required when reinstating)

3/24/02

9. This corporation is eligible to satisfy its intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MIZNER, KAREN W</b> <b>3699 SE 54TH CT</b> <b>OCALA FL 34471-9395</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MIZNER, ERIC</b> <b>3699 SE 54TH CT</b> <b>OCALA FL 34471-9395</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>926 SE 23<sup>rd</sup> ST</b> <b>OCALA FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>926 SE 23<sup>rd</sup> ST</b> <b>OCALA FL 34471</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*

**Karen W Mizner, President**

3/24/02 352-694-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/01)