

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90526 050 ***150.00

DOCUMENT # P93000023129

1. Entity Name
SPECIALIZED PAINTING OF TAMPA, INC.



Principal Place of Business
**6913 HARNEY ROAD
TAMPA FL 33617
US**

Mailing Address
**6913 HARNEY ROAD
TAMPA FL 33617
US**

00000001



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3173670**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CARNEY, DANIEL M
1521 RIVERSHORES WAY
TAMPA FL 33603**

7. Name and Address of New Registered Agent

Name

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

305 BRYAN OAK AVE

City

BRANDON

FL

Zip Code

33511

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	DP	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, DANIEL M	
STREET ADDRESS	305 BRYAN OAK AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMEY, GYIA	
STREET ADDRESS	305 BRYAN OAK AVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, SEAN	
STREET ADDRESS	1419 EAST HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARNEY, LORITA	
STREET ADDRESS	1419 EAST HENRY AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, SEAN	
STREET ADDRESS	6913 HARNEY RD.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, DANIEL	
STREET ADDRESS	6913 HARNEY RD.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, DANIEL	
STREET ADDRESS	6913 HARNEY RD.	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARNEY, SEAN	
STREET ADDRESS	6913 HARNEY RD.	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (813) 985-4455

Date

Daytime Phone #

CR2E034 (10/02)