

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91769 020 ***150.00

DOCUMENT # *P93000039137*

1. Entity Name

FAULKNER PAINTING, INC.



DO NOT WRITE IN THIS SPACE

90128681

2. Principal Place of Business

701 Breakwater Terr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian, FL

City & State

Sebastian, FL

Zip

32958

Country

Zip

Country

4. FEI Number

65-0416733

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Faulkner, John D

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

701 Breakwater Terrace

City

Sebastian,

FL

Zip Code

32958

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
President
Faulkner, John D
701 Breakwater Terrace
Sebastian, FL 32958

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
Faulkner, Todd W
8576 98th CT
Vero Beach, FL 32967

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
Faulkner, Chad
701 Breakwater Terrace
Sebastian, FL 32958

TITLE
NAME
STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

Daytime Phone #

CR2E034B (12/02)