

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90169 010 ***150.00

DOCUMENT # P93000071233

1. Entity Name

MICHAEL STRUHAR PAINTING CONTRACTOR, INC.

Principal Place of Business

**77 FARMSWORTH DR.
 PALM COAST FL 32137**

Mailing Address

**77 FARMSWORTH DR.
 PALM COAST FL 32137**

2. Principal Place of Business

19 COLUMBUS CT.

3. Mailing Address

19 COLUMBUS CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Coast, FL.

City & State
Palm Coast, FL.

4. FEI Number **59-2511661**

Applied For

Not Applicable

Zip
32137

Country
FLORIDA

Zip
32137

Country
FLORIDA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUNTARP, PAUL M ESQ
 4 OLD KINGS ROAD NORTH
 SUITE B
 PALM COAST FL 32137**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
D STRUHAR, MICHAEL
 STREET ADDRESS **77 FARMSWORTH DR.**
 CITY-ST-ZIP **PALM COAST FL 32137**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

MICHAEL 6. STRUHAR 4-11-02 439-9437