

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000065418

1. Entity Name
C.E.S. PAINTING, INC.

Principal Place of Business
6723 LIMPIN DRIVE
ORLANDO FL 32810

Mailing Address
P.O. BOX 681747
ORLANDO FL 32868
US

2. Principal Place of Business
6202 Forest City RD.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State

Zip
32810

Country
US

Zip

Country

6. Name and Address of Current Registered Agent

SPRUILL, NAOMI
6723 LIMPIN DRIVE
ORLANDO FL 32810

FILED
Jan 10, 2002 8:00 am
Secretary of State

01-10-2002 90007 004 ***158.75

001048



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3268602

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
C.E. Spruill Jr.

Street Address (P.O. Box Number is Not Acceptable)
6202 Forest City RD.

City
Orlando

FL Zip Code
32816

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
C.E. Spruill Jr. PRES/CEO
DATE
1-4-02

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	V SPRUILL, NAOMI 6723 LIMPIN DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FIELDS, CHARLIE 7215 WOODHILL PARK DRIVE ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SPRUILL, C E SR 6723 LIMPIN DR ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MYRIE, FELICIA 5060 NORTH LN #67 ORLANDO FL 32808	<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		<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
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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:

1-4-02 402 292 1522

CR2E034 (9/01)