

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000070099

1. Entity Name

RICHARDS' PAINT & DECORATING CENTERS, INC.

FILED

May 12, 2001 8:00 am
Secretary of State

05-12-2001 90041 023 ***150.00

Principal Place of Business

2900 POST ROAD
MELBOURNE FL 32935
US

Mailing Address

2900 POST ROAD
MELBOURNE FL 32935
US

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 59-3273076

Applied For

Not Applicable

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

ANASTASIO, TOBY
2900 POST ROAD
MELBOURNE FL 32935

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

Pamela J. Anastasio (NO CHANGES)

4-27-01

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	ANASTASIO, TOBY	
STREET ADDRESS	2900 POST ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ANASTASIO, PAMELA J	
STREET ADDRESS	2900 POST ROAD	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
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:

Pamela J. Anastasio
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-01 (321)242-1864
Date Daytime Phone #

UBR05/1

CR2E034 (10/00)