

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000088561 (3)

1. Corporation Name

UPTOWN PAINTERS, INC.



Principal Place of Business

834 HAVERHILL AVE
SEBASTIAN FL 32958
US

Mailing Address

834 HAVERHILL AVE
SEBASTIAN FL 32958
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HUME, JOHN
1401 UNIVERSITY DR
SUITE 301
CORAL SPRINGS FL 33071-6088

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

12/05/1994

3a. Date of Last Report

05/23/1995

4. FEI Number

65-0536042

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and identical application

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
REHAK, ANTHONY S
13529 US HWY 1 SUITE 139
SEBASTIAN FL 32958

TITLE ☐ DELETE

D
REHAK, JUDY L
13529 US HWY 1 SUITE 139
SEBASTIAN FL 32958

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

P, S, T

☒ Change

☐ Addition

12 NAME

13 STREET ADDRESS

834 HAVERHILL AVE

14 CITY- ST- ZIP

2.1 TITLE

V

☒ Change

☐ Addition

22 NAME

23 STREET ADDRESS

834 HAVERHILL AVE

24 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony S. Rehak

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY S. REHAK PRESIDENT

4/7/96

Date

407-589-8535

Daytime Phone #

CR2E034 (12/95)