

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093541

1. Entity Name

PAINTING BY JESSE, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90202 004 ***150.00

0284720

Principal Place of Business

C/O JESUS NEREY
2298 OKLAHOMA ST
WEST PALM BEACH FL 33406
US

Mailing Address

C/O JESUS NEREY
2298 OKLAHOMA ST
WEST PALM BEACH FL 33406
US

763940



2. Principal Place of Business

2298 OKLAHOMA ST
Suite, Apt. #, etc.
W

3. Mailing Address

2298 OKLAHOMA ST
Suite, Apt. #, etc.
W

DO NOT WRITE IN THIS SPACE

City & State

W.P.B. FL

City & State

W.P.B. FL

4. FEI Number

65-0539607

Applied For

Not Applicable

Zip

33406

Country

P.B.

Zip

33406

Country

P. BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NEREY, JESUS
2298 OKLAHOMA ST
WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

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]
Signature, typed or printed name of registered agent and ~~not~~ if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-25-01

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

TITLE **0** ☐ Delete
NAME **NEREY, JESUS**
STREET ADDRESS **2298 OKLAHOMA ST**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01 688-7744

CR2E034 (10/00)