

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90089 007 ***150.00

DOCUMENT # P95000006086

1. Entity Name
JP ALTERNATIVE PAINTING, INC.



Principal Place of Business

**7860 SPRINGVALE DR.
LAKE WORTH FL 33467**

Mailing Address

**7860 SPRINGVALE DR.
LAKE WORTH FL 33467**



2. Principal Place of Business

8254 Bama Lane

3. Mailing Address

8254 Bama Lane

Suite, Apt. #, etc.

Suite 13

Suite, Apt. #, etc.

Suite 13

City & State

West Palm Beach West Palm Beach

Zip **FL 33411**

Country **USA**

Zip **FL 33411**

Country **USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0536855**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**BAUMAN, DAVID M ESQ.
7119 W. BROWARD BLVD.
PLANTATION FL 33317**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **PEPPERINE, JOHN J**
STREET ADDRESS **7860 SPRINGVALE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **VD** ☐ Delete
NAME **PEPPERINE, JENNIFER M**
STREET ADDRESS **7860 SPRINGVALE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **SD** ☐ Delete
NAME **DIANA, MARY ROSE**
STREET ADDRESS **7860 SPRINGVALE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TD** ☐ Delete
NAME **PEPPERINE, JOSEPH A**
STREET ADDRESS **7637 NW 88TH LANE**
CITY-ST-ZIP **TAMARAC FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
NAME **Pepperine, John J.**
STREET ADDRESS **8577 Worwick Ct.**
CITY-ST-ZIP **Wellington, FL 33414**

TITLE **VD** ☒ Change ☐ Addition
NAME **Giallanza, Jennifer**
STREET ADDRESS **216 Cypress Trace**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **SD** ☒ Change ☐ Addition
NAME **Diana, Mary Rose**
STREET ADDRESS **216 Cypress Trace**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

TITLE **TD** ☒ Change ☐ Addition
NAME **Pepperine, Joseph**
STREET ADDRESS **216 Cypress Trace**
CITY-ST-ZIP **Royal Palm Beach, FL 33411**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/27/03 (361) 541-1362

Date

Daytime Phone #

CR2E034 (10/02)