

FILED
Jun 27, 2002 8:00 am
Secretary of State
05-24-2002 91346 031 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P95000042675**
1. Entity Name
DEMA PAINTING, INC.

DO NOT WRITE IN THIS SPACE

95045

2. Principal Place of Business
362 Westwinds Dr
Suite, Apt. #, etc.

3. Mailing Address
362 Westwinds Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Palm Harbor, FL 34683

City & State
Palm Harbor, Florida

4. FEI Number
59-3316132

Applied For
☐ Not Applicable

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

Zip
34683

Country
USA

Zip
34683

Country
USA

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James Mandalas

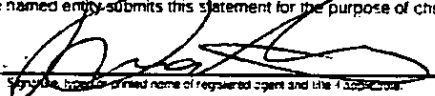
Street Address (P.O. Box Number is Not Acceptable)
362 Westwinds Dr.

City
Palm Harbor

FL

Zip Code
34683

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  **5/8/02**
DATE

NOTE: Registered Agent signature required when resigning

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1: Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
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	JAMES MANDALAS PRESIDENT 362 Westwinds Dr Palm Harbor, FL 34683	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **5/8/02**
DATE

Signature and Typed or Printed Name of Signing Officer or Director

CF2E034B (12/01)