

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070812

1. Entity Name

PROMISE PAINTING CORP.

**FILED**  
May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90446 023 \*\*\*150.00

00049128



DO NOT WRITE IN THIS SPACE

Principal Place of Business

540 SE 2ND AVE  
#J6  
DEERFIELD BEACH FL 33441  
US

Mailing Address

540 SE 2ND AVE  
#J6  
DEERFIELD BEACH FL 33441  
US

2. Principal Place of Business

71009 Greenlake way  
Suite, Apt. #, etc.

3. Mailing Address

71009 Greenlake way  
Suite, Apt. #, etc.

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

65-0629392

Applied For

Not Applicable

Zip  
33436

Country  
US

Zip  
33436

Country  
US

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

DELIA, JOSEPH M JR  
540 SE 2ND AVE #J6  
DEERFIELD BEACH FL 33441

Name

Joseph Delia Jr.

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

71009 Greenlake way

City

Boynton Beach

FL

Zip Code

33436

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	DELIA, JOSEPH M	
STREET ADDRESS	540 SE 2ND AVE #J6	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DELIA, DAWN M	
STREET ADDRESS	540 SE 2ND AVE #J6	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Delia Jr.	
STREET ADDRESS	71009 Greenlake way	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dawn Delia	
STREET ADDRESS	71009 Greenlake way	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 title empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/01 (561) 434-1172

CR2E034 (10/00)