

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035050

1. Entity Name  
P & R RICE FAMILY PAINTING, INC.

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90625 006 \*\*\*150.00

Principal Place of Business

801 SW MCCOY AVE  
PT ST LUCIE FL 34953

Mailing Address

801 SW MCCOY AVE  
PT ST LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0661628

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

RICE, PAMELA A  
801 SW MCCOY AVE  
PT ST LUCIE FL 34953

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 D  
NAME RICE, RICKY R  
STREET ADDRESS 801 SW MCCOY AVE  
CITY-ST-ZIP PT ST LUCIE FL 34953 ☐ Delete

TITLE D  
NAME RICE, PAMELA A  
STREET ADDRESS 801 SW MCCOY AVE  
CITY-ST-ZIP PT ST LUCIE FL 34953 ☐ Delete

TITLE Treasurer  
NAME Keith A. Sorvillo  
STREET ADDRESS 801 SW MCCOY AVE  
CITY-ST-ZIP Port St. Lucie, FL 34953 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Treasurer  
NAME Todd L. Tardiff  
STREET ADDRESS 801 SW MCCOY AVE  
CITY-ST-ZIP Port St. Lucie, FL 34953 ☐ Change ☒ Addition

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

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

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

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

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

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:

*Pamela A. Rice*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-2002 (712) 336-1456  
Date Daytime Phone #

CR2E034 (9/01)