

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061901

1. Entity Name

J & G PAINTING OF CENTRAL FLORIDA, INC.

FILED

Apr 14, 2001 8:00 am  
Secretary of State

04-14-2001 90042 020 \*\*\*150.00

Principal Place of Business

Mailing Address

1122 N MAIN ST  
SUITE B  
KISSIMMEE FL 34744  
US

1122 N MAIN ST  
SUITE B  
KISSIMMEE FL 34744  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3397617

Applied For

Not Applicable

Zip

Country

Osceola

Zip

Country

USA

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

GENOESE, JOSEPH  
214 TARANTO WAY  
KISSIMMEE FL 34758

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)

Joe Genoese

4/9/01

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, 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 ☐ Delete  
NAME P  
STREET ADDRESS GENOESE, JOSEPH  
CITY-ST-ZIP 214 TARANTO WAY  
KISSIMMEE FL 34758

TITLE ☐ Change ☒ Addition  
NAME Director  
STREET ADDRESS Sidney Smith  
CITY-ST-ZIP 252 Cranbrook Dr.  
Kissimmee FL 34758

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SHORT, SAMUEL J III  
CITY-ST-ZIP 1019 MAYA AVE  
ORLANDO FL 32822

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS GENOESE, MICHAEL  
CITY-ST-ZIP 746 LUCAYA DR  
KISSIMMEE FL 34758

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joe Genoese

4/9/01

Date

407-343-0369

Daytime Phone #

CR2E034 (10/00)