

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90168 015 ***150.00

DOCUMENT # P96000061901

1. Entity Name
J & G PAINTING OF CENTRAL FLORIDA, INC.



Principal Place of Business

**1122 N MAIN ST
SUITE B
KISSIMMEE FL 34744
US**

Mailing Address

**1122 N MAIN ST
SUITE B
KISSIMMEE FL 34744
US**

2. Principal Place of Business

Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3397617**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GENOESE, JOSEPH
214 TARANTO WAY
KISSIMMEE FL 34758**

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)

2/24/03

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

TITLE **DV** ☐ Delete
NAME **SHORT, SAMUEL J III**
STREET ADDRESS **1019 MAYA AVE 2460 Kaiser Rd.**
CITY-ST-ZIP **ORLANDO FL 32822 Mims FL 32754**

TITLE **S** ☒ Delete
NAME **FAHIE, BERNARD**
STREET ADDRESS **7226 W. COLONIAL DR #284**
CITY-ST-ZIP **ORLANDO FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **Paul E Haven** ☐ Change ☒ Addition
NAME **3446 Wilderness Trail**
STREET ADDRESS **Kissimmee FL 34746**
CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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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 prepare 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)

2/24/03 407-343-0369

Date

Daytime Phone #

CR2E034 (10/02)