

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000101979**  
 1. Entity Name **Resendiz Painting Inc.**

Principal Place of Business **53 Charles St** Mailing Address **New Address**  
**Ocoee FL 34761**

2. Principal Place of Business **Same** 3. Mailing Address **Same**

Suite, Apt. #, etc.

City & State **Ocoee FL** City & State **Ocoee FL**

Zip **34761** Country **USA** Zip **34761** Country **USA**

6. Name and Address of Current Registered Agent  
**Ildefonso Resendiz**  
**53 Charles St Ocoee FL**  
**34761**

4. FEI Number **593417479** Applied For ☐ Not Applicable ☐

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

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 **Ildefonso Resendiz** DATE **4-06-2001**  
 (NOTE: Registered Agent signature required when reinitializing)

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	<input type="checkbox"/> Delete		TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME <b>Ildefonso Resendiz</b>	<b>New Address</b>	
STREET ADDRESS			STREET ADDRESS <b>53 Charles St</b>		
CITY-ST-ZIP			CITY-ST-ZIP <b>Ocoee FL 34761</b>		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 reports 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: **Ildefonso Resendiz** Date **4-06-2001** Daytime Phone # **321-229-0473**

CR2E034 (11/00)