

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000000945

1. Entity Name

ULTIMATE PAINTING SERVICE, INC.

**FILED**  
**Feb 10, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90052 034 \*\*\*150.00

Principal Place of Business

Mailing Address

442 BRIGHTON AVE. N.E.  
PALM BAY FL 32907

442 BRIGHTON AVE. N.E.  
PALM BAY FL 32907-2023

2. Principal Place of Business

3. Mailing Address

271 DRISKELL ST. N.E.

271 DRISKELL ST NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

PALM BAY, FLORIDA

PALM BAY, FLORIDA

Zip

Country

Zip

Country

32907

U.S.A.

32907

U.S.A.

4. FEI Number 59-3423489

Applied For

Not Applicable

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

CARINCI, MICHAEL G  
442 BRIGHTON AVE. N.E.  
PALM BAY FL 32907

Name

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

271 DRISKELL ST. N.E.

City

PALM BAY

FL

Zip Code

32907

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, 2000 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 DP ☐ Delete  
NAME CARINNCI, MICHAEL G  
STREET ADDRESS 442 BRIGHTON AVE. N.E.  
CITY-ST-ZIP PALM BAY FL 32907

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

TITLE V ☒ Delete  
NAME PACE, EDWARD  
STREET ADDRESS 1266 BIANCA DR NE  
CITY-ST-ZIP PALM BAY FL 32905

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  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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TITLE ☐ Delete  
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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:

*Michael Carinci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/00

Daytime Phone #

321-984-9272

CR2E034 (9/99)