

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90009 045 ***150.00

DOCUMENT # P97000021405

1. Entity Name

A PROFESSIONAL JOB PAINTING & PRESSURE CLEANING,

Principal Place of Business

**8735 RAMBLEWOOD DRIVE #216
 CORAL SPRINGS FL 33071**

Mailing Address

**8735 RAMBLEWOOD DRIVE #216
 CORAL SPRINGS FL 33071**

2. Principal Place of Business

3300 NE 10TH TER #27

Suite, Apt. #, etc.

3. Mailing Address

3300 NE 10TH TER

Suite, Apt. #, etc.

APT 27

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

4. FEI Number

65-0535624

Applied For

Not Applicable

Zip

33064

Country

USA

Zip

33064

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

D'AMICO, RANDY

**8735 RAMBLEWOOD DRIVE #216
 CORAL SPRINGS FL 33071**

Name

RANDY D'AMICO

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

3300 NE 10 TER #27

City

Pompano

Bch

FL

Zip Code

33064

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

Randy D'Amico

RANDY D'AMICO

3/12/01

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, 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 **D**
D'AMICO, RANDY
 STREET ADDRESS **8735 RAMBLEWOOD DRIVE #216**
 CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☒ Change ☐ Addition
 NAME **D**
D'AMICO RANDY
 STREET ADDRESS **3300 NE 10 TER #27**
 CITY-ST-ZIP **Pompano Bch, FL 33064**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

Randy D'Amico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/01 954 941-1117

CR2E034 (10/00)