

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90859 033 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026389

1. Entity Name

McPoyle's Painting, Inc.



00044310

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10191 Lantana Rd.

3. Mailing Address

10738 57th Pl S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Lake Worth FL

City & State

Lake Worth FL

4. FEI Number

65-0728004

Applied For

Not Applicable

Zip

33467

Country

Palm Beach

Zip

33467

Country

Palm Beach

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name: Michelle A. McPoyle

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

10738 57th Pl S.

City

Lake Worth

FL

Zip Code
33467

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

Michelle A. McPoyle

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/6/03
DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Michelle A. McPoyle
10738 57th Pl S.
Lake Worth FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle A. McPoyle

Michelle A. McPoyle

2/6/03

561-967-3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Business Phone #

CR2E034B (12/02)