

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90079 041 ***150.00

DOCUMENT # P97000038067

1. Entity Name

UNITED PAINTING CONTRACTORS INC.



Principal Place of Business

3277-G LAKE WORTH RD
LAKE WORTH FL 33461

Mailing Address

3277-G LAKE WORTH RD
LAKE WORTH FL 33461

2. Principal Place of Business

3277 Lake Worth Road

3. Mailing Address

3277 Lake Worth Road

Suite, Apt. #, etc.

Suite G

Suite, Apt. #, etc.

Suite G

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33461

Country

USA

Zip

33461

Country

USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0748403

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

SCHEIBNER, GINA
9710 PINE TRAIL COURT
LAKE WORTH FL 33467

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCHEIBNER, LLOYD
C/O 9710 PINE TRAIL COURT
LAKE WORTH FL 33467 ☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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C/O 9710 PINE TRAIL COURT
LAKE WORTH FL 33467 ☐ Delete

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gina Scheibner - Gina Scheibner

4-12-04 967-9292 (561)