

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2002 8:00 am
Secretary of State

01-27-2002 90003 015 ***150.00

DOCUMENT # P97000071346

1. Entity Name
COLORFAST PAINTING & WATERPROOFING, INC.

Principal Place of Business
955 HIDDEN TERRACE ROAD
NAPLES FL 34104

Mailing Address
955 HIDDEN TERRACE ROAD
NAPLES FL 34104

2. Principal Place of Business

3. Mailing Address

27499 Murat Court
 Suite, Apt. #, etc.

← same
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL

City & State

4. FEI Number **59-3484224**

Applied For
 Not Applicable

Zip **34135** Country **USA**

Zip Country

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

6. Name and Address of Current Registered Agent

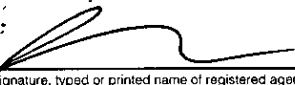
7. Name and Address of New Registered Agent

LESKIN, RUSSELL
955 HIDDEN TERRACE RD
NAPLES FL 34104

Name **Russell Leskin**
 Street Address (P.O. Box Number is Not Acceptable)
27499 Murat Court

City **Bonita Springs** **FL** Zip Code **34135**

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  **Russell Leskin, President** **1-12-02**
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, 2002 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 **T**
 STREET ADDRESS **DAVIS, JOHN D**
 CITY-ST-ZIP **4543 WESCONNETT BLVD.**
JACKSONVILLE FL 32210

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

TITLE ☒ Delete
 NAME **PD**
 STREET ADDRESS **LESKIN, RUSSELL**
 CITY-ST-ZIP **955 HIDDEN TERR RD**
NAPLES FL 34104

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **27499 Murat Court**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
 NAME **VPD**
 STREET ADDRESS **LESKIN, KAREN**
 CITY-ST-ZIP **955 HIDDEN TERR RD**
NAPLES FL 34104

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **27499 Murat Court**
 CITY-ST-ZIP **Bonita Springs, FL 34135**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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
 NAME
 STREET ADDRESS
 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:  **Karen Leskin** **1-12-02** **941-948-7600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)