

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90002 041 \*\*\*150.00

**DOCUMENT #** P97000085691

**1. Entity Name**  
 UNIQUE CUSTOM PAINTING, INC.

<b>Principal Place of Business</b> 5566 LIGUSTRUM LOOP OVIEDO FL 32765 US	<b>Mailing Address</b> 5566 LIGUSTRUM LOOP OVIEDO FL 32765 US
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<b>2. Principal Place of Business</b> 4808 S. TAMiami TRAIL Suite, Apt. #, etc. 231 City & State SARASOTA, FL Zip 34231 Country U.S.	<b>3. Mailing Address</b> 4808 S. TAMiami TRAIL Suite, Apt. #, etc. SUITE 231 City & State SARASOTA, FL Zip 34231 Country U.S.
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DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b> 59-3469559	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CARLIN, PHILIP A  
 754 LAKE KATHRYN CIRCLE  
 CASSELBERRY FL 32707

**7. Name and Address of New Registered Agent**

Name: CARLIN, PHILIP A  
 Street Address (P.O. Box Number is Not Acceptable): 125 S. SWOOLE AVE., STE. 104  
 City: MAITLAND FL Zip Code: 32751

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9.</b> This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back).	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	<b>10.</b> Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> QUIROSCABRERA, ALBERTO L 5566 LIGUSTRUM LOOP OVIEDO FL 32765 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>SDV</b> QUIROSCABRERA, CATHY 5566 LIGUSTRUM LOOP OVIEDO FL 32765 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> QUIROSCABRERA, ALBERTO 6213 BENT PINE DRIVE APT 112B ORLANDO FL 32822 <input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4808 S. TAMiami TRAIL SUITE 231 SARASOTA, FL 34231
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4808 S. TAMiami TRAIL SUITE 231 SARASOTA, FL 34231
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8607 Acoma DR ORLANDO, FL 32829
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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:** Alberto Quiroscabrera **ALBERTO QUIROSCABRERA** **3-8-02** **941-953-9488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)