2002 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2002 8:00 am **DOCUMENT #** P98000017682 **Secretary of State** 1. Entity Name ALEX KAPAYIANNIDIS PAINTING, INC. 03-14-2002 90002 027 ***150.00 Principal Place of Business Mailing Address 5741 DEAUVILLE CIR. F-108 5741 DEAUVILLE CIR. F-108 NAPLES FL 34112 NAPLES FL 34112 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3495276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6/Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAPAYIANNIDIS. ALEX Street Address (P.O. Box Number is Not Acceptable) 5741 DEAUVILLE CIR, F-108 NAPLÈS FL 34112 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) TITLE Change Addition TITLE ☐ Delete KAPAYIANNIDIS, ALEX NAME NAME 5741 DEAUVILLE CIR, F-108 STREET ADDRESS STREET ADDRESS NAPLES FL 34112 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Daytime Phone #