

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90073 011 ***158.75

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DOCUMENT # P98000018288

1. Entity Name
EASTLUND PAINTING INC.

Principal Place of Business
2602 BISMARK DR
VALRICO FL 33594

Mailing Address
2602 BISMARK DR
VALRICO FL 33594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5621 E. ADAMO DR.

5621 E. ADAMO DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C/D.

SUITE C/D.

City & State

City & State

TAMPA, FL.

TAMPA, FL.

Zip

Country

Zip

Country

33619

HILLSBOROUGH

33619

HILLSBOROUGH

4. FEI Number

65-0812892

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

JENKINS, ARTHUR
2602 BISMARK DRIVE
VALRICO FL 33594

Name

ARTHUR Q. JENKINS

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

SUITE C/D

5621 E. ADAMO DR.

City

TAMPA

FL

Zip Code

33619

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

Arthur Q. Jenkins

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

(NOTE: Registered Agent signature required when reinstating)

03/28/02

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 **VPD** ☒ Delete
NAME **JENKINS, ARTHUR**
STREET ADDRESS **2602 BISMARK DR**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **P** ☒ Change ☐ Addition
NAME **JENKINS, ARTHUR**
STREET ADDRESS **5621 E. ADAMO DR. SUITE C/D**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **ST** ☒ Delete
NAME **JENKINS, ARTHUR Q**
STREET ADDRESS **2602 BISMARK DRIVE**
CITY-ST-ZIP **VALRICO FL 33594**

TITLE **ST** ☒ Change ☐ Addition
NAME **JENKINS, ARTHUR Q.**
STREET ADDRESS **5621 E. ADAMO DR. SUITE C/D**
CITY-ST-ZIP **TAMPA, FL. 33619**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Arthur Q. Jenkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/28/02

CR2E034 (9/01)