

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000026046

1. Entity Name

NATIONAL PAINTING SYSTEMS USA INC.

R

FILED
Jul 18, 2000 8:00 am
Secretary of State

07-18-2000 90086 048 ***150.00

Principal Place of Business

1139 25TH AVENUE, NORTH
ST. PETERSBURG FL 33704

Mailing Address

1139 25TH AVENUE, NORTH
ST. PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

19321-C US HWY 19

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601

City & State

City & State

CLEARWATER FL

Zip

Country

Zip

Country

33764



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3504312

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

GAWRON, MARY
19321 C US HIGHWAY 19 N
SUITE 601
CLEARWATER FL 33764

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.

SIGNATURE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|-----------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | P <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CZERSKI, ANDREW | NAME | |
| STREET ADDRESS | 1139 25TH AVE N | STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33704 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ANDREW CZERSKI REQUIRE SIGNATURE

July 7/00 727 423 9251
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Attachment doc# P98000026046
B0102912

Dear Sir/Madam:

We did not receive the initial
mailing from you. We ask
that you accept the cheque
for the amount of \$150.00.

Thank you,

National Printing Systems
USA Inc.