

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91045 025 ***150.00

DOCUMENT # P98000047833

1. Entity Name

PROMISE KEEPERS PAINTING, INC.



Principal Place of Business

39101 GRAY'S AIRPORT RD.
LADYLAKE FL 32159

Mailing Address

39101 GRAY'S AIRPORT RD.
LADYLAKE FL 32159

2. Principal Place of Business

5727 E County Rd 462

Suite, Apt. #, etc.

3. Mailing Address

5727 E County Rd 462

Suite, Apt. #, etc.

City & State

Wildwood, FL

Zip

34785

Country

United States

City & State

Wildwood, Florida

Zip

34785

Country

United States

4. FEI Number

59-3525773

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

THORPE, CHARLES W

39101 GRAY'S AIRPORT RD.

LADYLAKE FL 32159

7. Name and Address of New Registered Agent

Name **CHARLES W THORPE**

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

5727 E County Rd 462

City Wildwood

FL

Zip Code

34785

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles W Thorpe*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/2/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **THORPE, CHARLES W**
STREET ADDRESS **39101 GRAY'S AIRPORT RD.**
CITY-ST-ZIP **LADYLAKE FL 32159**

TITLE **A** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **CHARLES W THORPE**
STREET ADDRESS **5727 E County Rd 462**
CITY-ST-ZIP **Wildwood, FL 34785**

TITLE **Vice-President** ☐ Change ☒ Addition
NAME **Antonio Rodriguez Jr**
STREET ADDRESS **2607 Westside Dr**
CITY-ST-ZIP **LEE'SBURG, FLORIDA 34748**

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles W Thorpe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03

352-516-0233

Date

Daytime Phone #

CR2E034 (10/02)