

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052588

1. Entity Name
ABF & SON PAINTING, INC.



Principal Place of Business
4450 SW TABOR STREET
PORT ST. LUCIE FL 34953

Mailing Address
4450 SW TABOR STREET
PORT ST. LUCIE FL 34953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0831340

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

SCHNEIDER, MARY K
4450 SW TABOR STREET
PORT ST. LUCIE FL 34953

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNEIDER, TIMOTHY A
4450 SW TABOR STREET
PORT ST. LUCIE FL 34953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
700023415467
09/30/03--01006--004 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCHNEIDER, MARY K
4450 SW TABOR STREET
PORT ST. LUCIE FL 34953 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
COTE, SCOTT L
4400 SW TABOR ST. 795 SE FURCAL ST
PORT SAINT LUCIE FL 34958 ☐ Delete
34983

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

Timothy A. Schneider
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-26-03
5-20-03

772 215 3095

Date

Daytime Phone #

CR2E034 (10/02)



A B F & SON PAINTING

4450 S Tabor St.
Port St. Lucie, FL 34953
(561) 336-3926 (561) 551-1840 Pgr.

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

DOCUMENT #: **P98000052588**

TO WHOM IT MAY CONCERN:

THIS LETTER IS IN REFERENCE TO THE FILING OF THE CORPORATION PAPERS THAT WERE DUE MAY 1, 2003.

ON JANUARY 14, 2003, I WAS RECALLED TO ACTIVE DUTY UNDER TITLE 10 ORDERS. I WAS NOT RELEASED UNTIL SEPTEMBER 16, 2003. PLEASE ACCEPT THE ENCLOSED CHECK FOR \$150.00 TO RENEW THE CORPORATION PAPERS FOR 2003.

PLEASE FEEL FREE TO CALL ME IF YOU HAVE ANY QUESTIONS OR NEED TO DISCUSS THIS FURTHER. MY DAYTIME PHONE IS: 772-215-3095.

SINCERELY,

TIMOTHY A. SCHNEIDER
PRESIDENT