

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90027 048 ***150.00

DOCUMENT # P98000078136

1. Entity Name

PARLOR PAINTS & CARPET, INC.

Principal Place of Business

Mailing Address

~~801 NORTH RIDGE ROAD~~
~~LANTANA FL 33462~~

~~501 NORTH RIDGE ROAD~~
~~LANTANA FL 33462~~

6680 LAKE WORTH ST #4
LAKE WORTH, FL 33467

2. Principal Place of Business

6680 LANTANA RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

4. FEI Number

65-0900730

Applied For

Not Applicable

Zip

33467

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

URBANOWICZ, MARK
~~501 NORTH RIDGE ROAD~~
~~LANTANA FL 33462~~

7. Name and Address of New Registered Agent

Name

MARK URBANOWICZ

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

7675 WOODLAND CREEK LANE

City

LAKE WORTH

FL

Zip Code

33467

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]

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

(NOTE: Registered Agent signature required when reinstating)

4/26/02

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	D	<input type="checkbox"/> Delete
NAME	URBANOWICZ, MARK	
STREET ADDRESS	501 NORTH RIDGE ROAD 7675 WOODLAND CREEK LANE	
CITY-ST-ZIP	LANTANA FL 33462 LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7675 WOODLAND CREEK LANE	
STREET ADDRESS	LAKE WORTH, FL 33467	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/02

CR2E034 (9/01)