

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90015 012 ***158.75

DOCUMENT # P98000078752

1. Entity Name

R & S PAINTING, INC.

Principal Place of Business

**2218 SW 2ND CT.
 CAPE CORAL FL 33914**

Mailing Address

**PO BOX 151345
 CAPE CORAL FL 33915**

2. Principal Place of Business

2218 SW 2nd Ct

3. Mailing Address

PO Box 151345

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cape Coral FL

City & State

Cape Coral FL

Zip

33914

Country

USA

Zip

33915

Country

USA

4. FEI Number

65-0866571

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DOMPIG, ROY L
 2210 SW 2ND COURT
 CAPE CORAL FL 33914**

7. Name and Address of New Registered Agent

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 \$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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **DOMPIG, ROY**
 CITY-ST-ZIP **2218 SW 2ND CT.
 CAPE CORAL FL 33914**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **DROWLLARD, TONY L**
 CITY-ST-ZIP **5274-2 CEDARBEND DR
 FORT MYERS FL 33919**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
 NAME **T Dorokhy Dompig**
 STREET ADDRESS **2218 SW 2nd Ct**
 CITY-ST-ZIP **Cape Coral FL 33914**

TITLE ☐ Change ☒ Addition
 NAME **A Johnson**
 STREET ADDRESS **10206 4th Str.**
 CITY-ST-ZIP **FL Myers FL 33912**

TITLE ☐ Change ☒ Addition
 NAME **L. PAOLI**
 STREET ADDRESS **1019 SE 40th St. Apt. E**
 CITY-ST-ZIP **Cape Coral FL 33914**

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

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 687, 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: R S Dompig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02 (941) 573-1104
 Date Daytime Phone #

CR2E034 (9/01)