## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P98000081926

17184 91ST PLACE NORTH

LOXAHATCHEE, FL 33470

Address:

City-St-Zip:

Entity Name: COMMERCIAL RESIDENTIAL PAINTING, INC.

FILED Apr 26, 2002 8:00 AM Secretary of State

| Current Principal Place of Business:  |   | New Principal Place                | New Principal Place of Business:             |  |
|---|---|------------------------------------|--|--|
| 17184 91ST PLACE NC<br>LOXAHATCHEE, FL 33   |   |                                    |  |  |
| Current Mailing Address:  |   | New Mailing Address                | New Mailing Address:                         |  |
| 13860 WELLINGTON TRACE SUITE 243<br>WELLINGTON, FL 33414                                |   | P.O. BOX 245<br>LOXAHATCHEE, FL 3  | P.O. BOX 245<br>LOXAHATCHEE, FL 33470        |  |
| FEI Number: 65-0863358  | FEI Number Applied For()  | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )            |  |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |   |                                    |  |  |
| COX, MICHELLE J<br>17184 91ST PLACE NC<br>LOXAHATCHEE, FL 33                            |   |                                    |  |  |
| The above named entity in the State of Florida.   | submits this statement for the  | purpose of changing its registered | d office or registered agent, or both,       |  |
| SIGNATURE:  |   |                                    |  |  |
| Electronic Signature of Registered Agent  |   | gent                               | Date   |  |
|   | to satisfy its Intangible Tax filing rengering Trust Fund Contribution ( ). | quirement and elects to do so (X). |  |  |
| OFFICERS AND DIRECTORS:   |   | ADDITIONS/CHANGE                   | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title: P (  | ) Delete  | Title:                             | ( ) Change ( ) Addition                      |  |

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RUDY F. COX P 04/26/2002