

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90458 048 \*\*\*150.00

**DOCUMENT # P98000084284**

1. Entity Name  
**CAREY PAINTING INC.**

Principal Place of Business

1200 TOWNCENTER DR  
#310  
JUPITER FL 33458  
US

Mailing Address

1200 TOWNCENTER DR  
#310  
JUPITER FL 33458  
US

2. Principal Place of Business

**3931 SHERWOOD BLV.**

3. Mailing Address

**3931 SHERWOOD BLV.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**DELRAY Bch.**

City & State

**DELRAY Bch.**

Zip

**33445**

Country

**US**

Zip

**33445**

Country

**US**

4. FEI Number

**65-0867623**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KIESLING, ROBERT**  
**1101 N. CONGRESS AVENUE**  
**#203**  
**BOYNTON BEACH FL 33426**

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: ☐

**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 **PD** ☐ Delete  
NAME **CAREY, LEO**  
STREET ADDRESS **1200 TOWNCENTER DR SUITE 310**  
CITY-ST-ZIP **JUPITER FL 33458**

TITLE **VP** ☒ Delete  
NAME **HOWELL, SEAN**  
STREET ADDRESS **3520 W. HILLSBORO BLVD., APT. #203**  
CITY-ST-ZIP **COCONUT CREEK FL 33073**

TITLE **S** ☒ Delete  
NAME **BINGEL, JIM**  
STREET ADDRESS **2949 N. FEDERAL HWY. APT. #14**  
CITY-ST-ZIP **FORT LAUDERDALE FL**

TITLE **T** ☒ Delete  
NAME **SUAREZ, WILLIAM**  
STREET ADDRESS **3202 NW 102 TERR. APT. #1-102**  
CITY-ST-ZIP **CORAL SPRINGS FL 33065**

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  
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  
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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)