

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000087215

1. Entity Name

HOSFORD PAINTING, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90006 047 \*\*\*150.00

0280955

Principal Place of Business 505 SOUTHWEST 6TH ST FORT LAUDERDALE FL 33315 US	Mailing Address C/O GRUBER AND ASSOCIATES PA 1650 SOUTHEAST 17TH ST SUITE 301 FORT LAUDERDALE FL 33316-1735 US
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STREET

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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6th Street

STREET

City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent HASFORD, PAULA J 505 SOUTHWEST 6TH ST FT. LAUDERDALE FL 33315 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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
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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, 2001 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
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11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DP HOSFORD, PAULA J 505 SOUTHWEST 6TH ST FORT LAUDERDALE FL 33315-1031	DVP J. STREET 33315-1031
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
DVP HOSFORD, JOHN J. 505 SOUTHWEST 6TH ST FORT LAUDERDALE FL 33315-1031	DP J. STREET 33315-1031
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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 #
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PAULA J. HOSFORD 2/20/01 954-522-2222

CR2E034 (10/00)