

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90027 016 ***150.00

DOCUMENT # P98000097336

1. Entity Name
BRUSH & ROLL PAINTING AND DECORATING, INC.

Principal Place of Business Mailing Address
~~1309 GEORGIA AVE.~~ 116 Cottonwood Circle ~~1309 GEORGIA AVE.~~ P.O. Box 1126
LYNN HAVEN FL 32444 LYNN HAVEN FL 32444
US US

2. Principal Place of Business 3. Mailing Address
116 Cottonwood Circle P.O. Box 1126
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Lynn Haven, FL Lynn Haven, FL
Zip Zip
32444 B. USA 32444 USA

4. FEI Number 59-3560215 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FAZZONE, KIM R
~~1309 GEORGIA AVE.~~
LYNN HAVEN FL 32444

7. Name and Address of New Registered Agent

Name Kim Fazzone
Street Address (P.O. Box Number is Not Acceptable)
116 Cottonwood Circle
City Lynn Haven FL Zip Code 32444

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, 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

11. OFFICERS AND DIRECTORS

TITLE P
NAME FAZZONE, KIM R. ☐ Delete
STREET ADDRESS ~~1309 GEORGIA AVE.~~
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE T
NAME FAZZONE, GARY P ☒ Delete
STREET ADDRESS 1309 GEORGIA AVE
CITY-ST-ZIP LYNN HAVEN FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME Gary Fazzone ☒ Change ☐ Addition
STREET ADDRESS 116 Cottonwood Circle address
CITY-ST-ZIP Lynn Haven, FL 32444

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

Kim R. Fazzone

1-29-01

Date

850-784-9888

Daytime Phone #

CR2E034 (10/00)