

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2001 8:00 am**  
**Secretary of State**

05-23-2001 90230 036 \*\*\*150.00

**DOCUMENT #** P99000008919  
**1. Entity Name** PERSONAL PAINTING  
 CONCEPTS

**Principal Place of Business** Mailing Address  
 1312 SE 3RD AVE  
 DEERFIELD BEACH, FLA. 33441

**2. Principal Place of Business** **3. Mailing Address**  
 1312 SE 3RD AVE SAME  
 Suite, Apt. # etc. Suite, Apt. #, etc.  
 DEERFIELD BEACH  
 City & State City & State  
 FLA  
 Zip Country Zip Country  
 33441 USA

660064

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0893538  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 WILLIAM M. SANDERS  
 1312 SE 3RD AVE  
 DEERFIELD BEACH, FLA.  
 33441

**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!! After MAY 1, 2001 Make Check Payable** **FEE IS \$150.00 Fee will be \$550.00 to Department of State** **10. Election Campaign Financing Trust Fund Contribution.** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1312 SE 3RD AVE	
STREET ADDRESS	DEERFIELD Bch, FLA 33441	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** William M. Sanders 4/28/01 954-428-3443  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)