

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 90673 004 ***150.00

0353461
AV

DOCUMENT # P99000008919

1. Entity Name
PERSONAL PAINTING CONCEPTS, INC.

Principal Place of Business
**1312 SE 3RD AVENUE
DEERFIELD BEACH FL 33441**

Mailing Address
**1312 SE 3RD AVENUE
DEERFIELD BEACH FL 33441**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

815 SPRING CIR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

104

City & State

City & State

DEERFIELD BCH. FL.

4. FEI Number

65-0893538

Applied For

Not Applicable

Zip

Country

Zip

Country

33441

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SANDERS, WILLIAM
1312 SE 3RD AVENUE
DEERFIELD BEACH FL 33441**

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 William Sanders

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SANDERS, WILLIAM**
STREET ADDRESS **1312 SE 3RD AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

William Sanders **WILLIAM SANDERS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

954-437-1182

Daytime Phone #

CR2E0347(9/01)