

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 NOV -8 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

873317

DOCUMENT # *P*99000038936

1. Entity Name:

Gaines & Korns Painting, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business:

450 Elkwood Lane  
Suite, Apt. #, etc.

3. Mailing Address:

P.O. Box 521024  
Suite, Apt. #, etc.

521024

DO NOT WRITE IN THIS SPACE

City & State:

Orlando, FL 32825

City & State:

Longwood, FL 32752-1024

4. FCI Number:

Applied For

Not Applicable

Zip

Country

Zip

Country

Orange

Seminole

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name:

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

Lauretta K. Gaines  
743 Galloway Terrace  
Winter Springs, FL 32708

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 of person named in registered office or agent (if applicable)

(If FCI Required) Agent signature required when terminating

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

January 1, May 1, Fees \$150.00

After May 1, Fees \$550.00

Amended UBR is \$61.25

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	D
NAME	Gaines, Lauretta K
STREET ADDRESS	743 Galloway Terr
CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	D
NAME	Korns, Sally A
STREET ADDRESS	450 Elkwood Lane
CITY-ST-ZIP	Orlando, FL 32825-8158
TITLE	D
NAME	Principio, Kimberly
STREET ADDRESS	450 Elkwood Lane
CITY-ST-ZIP	Orlando, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all of the above information, has the employee's.

SIGNATURE: *Lauretta K. Gaines*

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
LAURETTA GAINES, DIR

CR2E034B (12/01)

*11/18/02*

Attachment 873317  
Doc. #P99000038936

Gaines & Korns Painting, Inc.  
P.O. Box 521094  
Longwood, Florida 32752-1024

September 19, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: UBR-2002 for the above corporation

Dear Sirs,

We are forwarding the internet copy of the UBR-2002 our accountant's prepared for us. We are not receiving these reports from Florida each year.

We are requesting a waiver of the penalty of \$ 400.00 for this years fee in as much as we are not receiving the forms each year. Last year we also sent a blank completed form.

Please review our file and allow the waiver of penalty and accept our check in the amount of the renewal fee \$ 150.00.

Thank you for your consideration, we are

Sincerely,



Laretta Gaines, VP

cc gkp

Enclosure