## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR**

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

1740 BRUMLEY RD.

CHULUOTA FL 32766

## **DOCUMENT #** P99000039413

1. Entity Name

Principal Place of Business

2. Principal Place of Business

TREVISON, PATRICK

1740 BRUMLEY RD. CHULUOTA FL 32766

1740 BRUMLEY RD.

CHULUOTA FL 32766

Suite, Apt. #, etc.

City & State

Zip

ORLANDO PAINTING CONTRACTORS INC.

Country

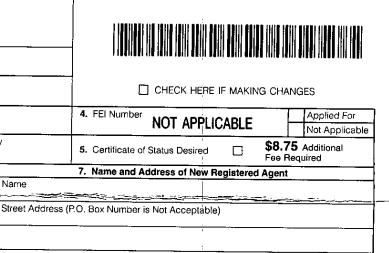
6. Name and Address of Current Registered Agent



## FILED Jan 16, 2003 8:00 am Secretary of State

01-16-2003 90084 030 \*\*\*150.00

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DATE

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Country

Name

City

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election CampaigniFinancing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Zip Code

10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (10/02) Change ☐ Addition NAME TREVISON, PATRICK NAME STREET ADDRESS 1740 BRUMLEY RD. STREET ADDRESS CITY-ST-ZIP CHULUOTA FL 32766 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAMÉ SCHAFER, DEBORAH NAME STREET ADDRESS 1740 BRUMLEY RD STREET ADDRESS CITY-ST-ZIE OVIEDO FL 32766 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: