

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051380

1. Entity Name

TWO BROTHERS PAINTING, INC.

FILED

Jan 25, 2000 8:00 am  
Secretary of State

01-25-2000 90048 041 \*\*\*150.00

Principal Place of Business 2650 NE 52ND ST LIGHTHOUSE POINT FL 33064-7052	Mailing Address 2650 NE 52ND ST LIGHTHOUSE POINT FL 33064-7052
--	--

2. Principal Place of Business 4806 NW 22nd Place Suite, Apt. #, etc.	3. Mailing Address 4806 NW 22nd Place Suite, Apt. #, etc.
---	---

City & State Coconut Creek FL	City & State Coconut Creek FL
Zip 33063	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0926317	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent WILLIAMS, STEPHEN G 2650 NE 52ND ST LIGHTHOUSE POINT FL 33064-7052	
7. Name and Address of New Registered Agent Name: Djelasevic, Djoko Street Address (P.O. Box Number is Not Acceptable): 4806 NW 22nd Place City: Coconut Creek FL Zip Code: 33063	

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]* X 1.18.2000  
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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DSTP DJELJOSEVIC, DJOKO 4806 NW 22ND PLACE COCONUT CREEK FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add

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]* X 1.18.2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (954) 974 2166