FILED

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9900054343 1. Entity Name D & G PAINTING AND STUCCO, INC.					02 JUL 19 PM 1:10			2
Principal Place of Business Mailing Address 1425 ATLANTIC SHORES BLVD. SUITE 210 1425 ATLANTIC SHORES BLV HALLANDALE FL 33009 HALLANDALE FL 33009					SECRETAF TALLAHASS	Y OF STATE SEE, FLORIDA		
2. Principal Place of Business 901 NE 65+ret 901 NF 65 Suite, Apt. #, etc.				•	DO NOT WRI	TE IN THIS SPACE		
City& Star	indale FL	City State City State Zip Zip	Country_	-	FEI Number 65-0935524	N 88.75 Ad		
SCO	JA I COH		<u> ਜਪ</u>		Name and Address of New C	Fee Require		
	6. Name and Address of Current F	registereo Agent	Name_		. Name and Address of New F	rogiatoren Myent		
HORVATI 1425 ATL). Box Number is Not Acceptable	e)				
HALLANDALE FL 33009			City	,	• •	FL Zip Coo	de	
8. The above named entity submits this statement for the purpose of changing its registered office or registered office or registered office or registered agent and title if applicable. (NOTE: Registered Agent signature requirements of registered agent and title if applicable.)					46	orida. RRD2		
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable			to Departmen	550.00 t of State	10. Election Campaign Fir Trust Fund Contribution	n. 🗆 Adde	00 May Be d to Fees	
11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HORVATH, LEVENTE 1425 ATLANTIC SHORES BLVD, S HALLANDALE FL 33009	Delete	12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	-07/	Change 6 59088 23/02-01043	Addition	CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP - ****	VP HORVATH, GYULA 1425 ATLANTIC SHORES BLVD, S -HALLANDALE FL 33009	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES HORY 901! Hall	DIDENT UATH, GYULA NE 6 Street andole FL 33	Change	Addition	ř.
TITLE NAME STREET ADDRESS	SM -HORVATH, DOMINICA 1425 ATLANTIC SHORES BLVD, S	☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	HALLANDALE FL 33009	☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	- Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CROSSTSTEP			☐ Change	Addition	٠
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the control of the contr	rue and accurate and that my s vered to execute this report as	signature shall h	ave the same	e legal effect as if made under c	oath; that I am an officer	or director	
SIGIANI		INTED NAME OF SIGNING OFFICER OR I	DIRECTOR		Date	Daytime Phone #	<u> </u>	