

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2003 8:00 am**  
**Secretary of State**

02-03-2003 90298 034 \*\*\*158.75

**DOCUMENT # P99000063181**

1. Entity Name

ALL FLORIDA PAINTING SERVICES, INC.



Principal Place of Business

132 SNOW GOOSE CT  
DAYTONA BEACH FL 32119

Mailing Address

132 SNOW GOOSE CT  
DAYTONA BEACH FL 32119

2. Principal Place of Business

402 University Blvd

Suite, Apt. #, etc.

#3

3. Mailing Address

402 University Blvd

Suite, Apt. #, etc.

#3

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

32118

Country

Zip

32118

Country

4. FEI Number

59-3587828

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

**90016916**



6. Name and Address of Current Registered Agent

MORRONE, ANTHONY

132 SNOW GOOSE CT

DAYTONA BEACH FL 32119

Name

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

402 University Blvd. #3

City Daytona Beach

FL

Zip Code  
32118

7. Name and Address of New Registered Agent

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)

DATE

**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 Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME JOHNSON, GARY  
STREET ADDRESS 132 SNOW GOOSE CT  
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME ST MORRONE, ANTHONY  
STREET ADDRESS 132 SNOW GOOSE CT  
CITY-ST-ZIP DAYTONA BEACH FL 32119 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS 402 University Blvd. #3  
CITY-ST-ZIP Daytona Beach FL 32118 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS 402 University Blvd. #3  
CITY-ST-ZIP Daytona Beach FL 32118 ☐ Change ☐ Addition

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

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

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

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

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:

*SIGNATURE REQUIRED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.

1-28-03

Date

Daytime Phone #

CR2E034 (10/02)