## **2001 UNIFORM BUSINESS REPORT (UBR)** May 03, 2001 8:00 am Secretary of State DOCUMENT # P9900069698 SUBLIME PAINTING, INC. 05-03-2001 90083 041 \*\*\*150.00 Principal Place of Business Mailing Address 2358 EAGLE TRACE DRIVE 2358 EAGLE TRACE DRIVE KISSIMMEE FL 34746-3611 KISSIMMEE FL 34746-3611 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3607697 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent. Name BYRD & GANTT, CPAS P.A. Street Address (P.O. Box Number is Not Acceptable) 3355 W. VINE ST., STE. 102 KISSIMMEE FL 34746 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PVP TITLE ☐ Delete TITLE Addition APONTE, RICHARD NAME NAME STREET ADDRESS 2358 EAGLE TRACE DRIVE STREET ADDRESS CITY-ST-7IP KISSIMMEE FL 34746-3611 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME APONTE, RICHARD NAME STREET ADDRESS 2358 EAGLE TRACE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34746-3611 TITLE Delete TITLE - Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

4-9-0/ 407-944-1298