

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90041 010 ***150.00

0590146 AT

DOCUMENT # P99000076280

1. Entity Name

S & S PAINTING SERVICE, INC.

Principal Place of Business

**104 CYPRESS STREET
 HAWTHORNE FL 32640**

Mailing Address

**104 CYPRESS STREET
 HAWTHORNE FL 32640**

B3U4211



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

104 Cypress Street
 Suite, Apt. #, etc.

3. Mailing Address

104 Cypress Street
 Suite, Apt. #, etc.

City & State

HAWTHORNE, FLORIDA

City & State

HAWTHORNE, FLORIDA

4. FEI Number

59-3593419

Applied For

Not Applicable

Zip

32640

Country

FLORIDA

Zip

32640

Country

FLORIDA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STRANG, DEBORAH D
 104 CYPRESS STREET
 HAWTHORNE FL 32640**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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, 2002 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

TITLE **VP** ☐ Delete
 NAME **STRANG, JAMES**
 STREET ADDRESS **104 CYPRESS STREET**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE **PST** ☐ Delete
 NAME **STRANG, DEBORAH D**
 STREET ADDRESS **104 CYPRESS STREET**
 CITY-ST-ZIP **HAWTHORNE FL 32640**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Deborah Strang **Deborah Strang** **3-4-02** **3524818032**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E034 (9/01)