

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90036 021 ***150.00

DOCUMENT # P99000081066 ✓

1. Entity Name

STANS PAINTING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

17440 SE 24th LANE Rd

Suite, Apt. #, etc.

3. Mailing Address

17440 S.E. 24th LANE Rd

Suite, Apt. #, etc.

City & State

Silver Springs FL

Zip

34488

Country

U.S.

City & State

Silver Springs FL

Zip

34488

Country

U.S.

4. FEI Number

59-3617248

Applied Fee

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Stanley Briggs

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

17440 SE 24th LANE Rd

City

Silver Springs

FL

Zip Code

34488

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, for both, in the State of Florida.

SIGNATURE

Stanley Briggs President

Signature, typed or printed name of registered agent and title if applicable.

Stanley Briggs

(NOTE: Registered agent signature required when reconstituting)

3-25-02

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25.

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	NAME	STREET ADDRESS	CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Stanley Briggs - Stanley Briggs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02

DATE

352-625-5538

PHONE - HOME