

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2001 8:00 am**  
**Secretary of State**

06-25-2001 90041 031 \*\*\*150.00

DOCUMENT # P99000083957

1. Entity Name

The Alchemists of Faux Finishing, Inc.

Principal Place of Business

2181 Barry Drive  
 Fort Myers, FL 33907

Mailing Address

2181 Barry Drive  
 Fort Myers, FL 33907

2. Principal Place of Business

2090 Beacon Manor

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 61857

Suite, Apt. #, etc.

City & State

Fort Myers, Florida

City & State

Fort Myers, FL

Zip  
 33907

Country  
 Lee

Zip  
 33906-1857

Country  
 Lee

4. FEI Number

65-0948229

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

John E. Stamps, CPA, CFP  
 1937 Grace Avenue  
 Fort Myers, FL 33901

7. Name and Address of New Registered Agent

Name

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

9541 Cypress Lake Drive, #5

City

Fort Myers

FL

Zip Code

33919

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.

John E. Stamps

(NOTE: Registered Agent signature required when reinstating)

6.18.01

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, 2001 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 P  
 NAME Janet S. McCrory  
 STREET ADDRESS 2181 Barry Drive  
 CITY-ST-ZIP Fort Myers, FL 33907 ☐ Delete

TITLE V  
 NAME Darayl DeMarco  
 STREET ADDRESS 2181 Barry Drive  
 CITY-ST-ZIP Fort Myers, FL 33907 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE D  
 NAME Alvaro A. Lopez  
 STREET ADDRESS 5826 Whiting Court  
 CITY-ST-ZIP Fort Myers, Florida 33919 ☐ 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

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

Janet S. McCrory  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet S. McCrory 6/19/2001 941-936-0208

Date

Daytime Phone

CR2E034 (11/00)