

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097034

1. Entity Name

N & S PAINTING CONTRACTORS, INC

Principal Place of Business

2725 SE EAGLE DRIVE  
PORT ST. LUCIE FL 34984

Mailing Address

2725 SE EAGLE DRIVE  
PORT ST. LUCIE FL 34984

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0961158

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NASIR, HAMAD  
2725 SE EAGLE DRIVE  
PORT ST. LUCIE FL 34984

Name

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

City

FL

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME NASIR, HAMAD  
STREET ADDRESS 2725 SE EAGLE DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

TITLE ☐ Change ☒ Addition  
NAME TERRIL ELLIDGE  
STREET ADDRESS 2725 SE EAGLE DR (Treasurer)  
CITY-ST-ZIP PORT ST. LUCIE, FL 34984

TITLE VP ☐ Delete  
NAME NASIR, SHARON  
STREET ADDRESS 2725 SE EAGLE DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE T ☒ Delete  
NAME BOOTA, CHAUDHRY  
STREET ADDRESS 2725 SE EAGLE DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE S ☒ Delete  
NAME ARSHAD, MUHAMMAD  
STREET ADDRESS 2725 SE EAGLE DR  
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)