

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105762

1. Entity Name

BAMBINI PAINTING, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90076 020 ***150.00

Principal Place of Business

Mailing Address

2900 TITAN ROW, SUITE 110
 ORLANDO FL 32809

2900 TITAN ROW, SUITE 110
 ORLANDO FL 32809

2. Principal Place of Business

1122 N. Main St.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite B

City & State

City & State

Kissimmee FL

4. FEI Number

59-3613456

Applied For

Not Applicable

Zip

Country

Zip

Country

34744

Oscelota

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

Name

Street Address (P.O. Box Numbers Not Acceptable)

1122 N. Main St.
 Ste B

City

Kissimmee

FL

Zip Code

34744

GENOESE, GINA

2900 TITAN ROW, SUITE 110
 ORLANDO FL 32809

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, 2000 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 ☐ Delete
 NAME D
 STREET ADDRESS GENOESE, GINA
 CITY-ST-ZIP 2900 TITAN ROW, SUITE 110
 ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
 NAME 1122 N. Main St. Ste B
 STREET ADDRESS Kissimmee FL 34744
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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

4/20/00 407/343-0369
 Date Daytime Phone #

CR2E034 (9/99)