

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000105762

1. Entity Name
BAMBINI PAINTING, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90144 005 ***150.00

Principal Place of Business
1122 N. MAIN ST
SUITE B
KISSIMMEE FL 34744

Mailing Address
1122 N. MAIN ST
SUITE B
KISSIMMEE FL 34744

2. Principal Place of Business *same*

3. Mailing Address *same*

Suite, Apt. #, etc.

City & State

Zip Country *Osceola* Zip Country *USA*

4. FEI Number **59-3613456**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GENOESE, GINA
1122 N. MAIN ST.
STE B
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

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 *Gina Genoese* **Gina Genoese** **4/9/01**

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
NAME **D GENOESE, GINA**
STREET ADDRESS **1122 N. MAIN ST. STE B**
CITY-ST-ZIP **KISSIMMEE FL 34744**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

Director
James Liparota Jr. ☐ Change ☒ Addition
4232 Fort Circle
Kissimmee FL 34746

Frank Morales Director ☐ Change ☒ Addition
178 Pin Oak Place
Davenport FL 33875

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

TITLE ☐ Change ☐ Addition
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 officer-like empowered.

SIGNATURE: *Gina Genoese* **Gina Genoese** **4/9/01** **407-343-0369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #