

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90042 014 ***150.00

DOCUMENT # P99000105762

1. Entity Name
BAMBINI PAINTING, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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

Gina Genoise Pres.
 (NOTE: Registered Agent signature required when reinstating)

4/23/02
 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☒ Addition
NAME **Marcos J. Claudio**
STREET ADDRESS **1119 Doncaster**
CITY-ST-ZIP **Kissimmee FL 34746**

TITLE **D** ☐ Delete
NAME **LIPAROTA, JAMES JR**
STREET ADDRESS **4232 FORT CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34746**

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

TITLE **D** ☒ Delete
NAME **MORALES, FRANK**
STREET ADDRESS **178 PIN OAK PLACE**
CITY-ST-ZIP **DAVENPORT FL 33875**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Gina Genoise
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gina Genoise
 Date

4/23/02
 Daytime Phone # *407-343-0369*

CR2E034 (9/01)