

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 15, 2002 8:00 am**  
**Secretary of State**

07-15-2002 90189 028 \*\*\*150.00

**DOCUMENT # P99000108089**

1. Entity Name

**WILLIAM FLAHERTY PAINTING, INC.**

Principal Place of Business

**16034 PEACH ORCHARD ROAD  
 BROOKSVILLE FL 34614-2946**

Mailing Address

**16034 PEACH ORCHARD ROAD  
 BROOKSVILLE FL 34614-2946**

**80129073**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3151486**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FLAHERTY, WILLIAM**

**16034 COUNTRY ACRES LOOP  
 BROOKSVILLE FL 34614**

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DVST** ☐ Delete  
 NAME **FLAHERTY, WILLIAM**  
 STREET ADDRESS **16034 COUNTRY ACRES LOOP**  
 CITY-ST-ZIP **BROOKSVILLE FL 34614-2946**

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

TITLE **P** ☐ Delete  
 NAME **STETKAR, GARY**  
 STREET ADDRESS **5460 SOUTH CECANTO HIGHWAY**  
 CITY-ST-ZIP **LECANTO FL 34461**

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

TITLE ☐ Delete  
 NAME  
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 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:**

**WILLIAM FLAHERTY**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7/11/02 352-796-1970**

CR2E034 (4/02)

Attachment  
To whom it May Concern

7-11-02

# P99000 108089

The Corporation "William  
Flaherty Painting Inc" did  
not receive a prior notice.

I am sending the 150<sup>00</sup>  
required

Thank you  
Edward V.O.