

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90130 049 ***150.00

DOCUMENT # S43065

1. Entity Name

PAUL WALLER PAINTING, INC.

Principal Place of Business

302 W. BATES STREET
 PLANT CITY FL 33566

Mailing Address

P.O. BOX 4632
 PLANT CITY FL 33564



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2801 BLAIN ACRES RD

3. Mailing Address

2801 BLAIN ACRES RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Plant City, FL.

City & State

Plant City, FL.

4. FEI Number

65-0251990

Applied For

Not Applicable

Zip

33565

Country

Hillsborough

Zip

33565

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WALLER, PAUL B.
 302 W. BATES STREET
 PLANT CITY FL 33566

7. Name and Address of New Registered Agent

Name

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

2801 BLAIN ACRES RD

City

Plant City

FL

Zip Code

33565

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

Paul B. Waller, PUD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/02

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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVD	<input type="checkbox"/> Delete
NAME	WALLER, PAUL B	
STREET ADDRESS	302 W. BATES STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	WALLER, CARLA J	
STREET ADDRESS	302 W. BATES STREET	
CITY-ST-ZIP	PLANT CITY FL 33566	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 BLAIN ACRES RD	
CITY-ST-ZIP	Plant City, FL. 33565	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2801 BLAIN ACRES RD	
CITY-ST-ZIP	Plant City, FL. 33565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carla J. Waller, CARLA J. WALLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-02

Date

813-757-8399

Daytime Phone #

CR2E034 (9/01)