

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90107 033 ***150.00

DOCUMENT # S45446

1. Entity Name

ACTION PAINTING, INC.

Principal Place of Business

**2995 E CROWN DRIVE
 INVERNESS FL 34453**

Mailing Address

**PO BOX 37
 HERNANDO FL 34442**

2. Principal Place of Business

1415 E Fletcher St

Suite, Apt. #, etc.

3. Mailing Address

PO Box 352

Suite, Apt. #, etc.

Hernando

City & State

Hernando FL

City & State

FL

Zip

34442

Country

Zip

34442

Country

4. FEI Number

59-3060449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**HERMANN, BRUCE
 2995 E CROWN DRIVE
 INVERNESS FL 34453**

7. Name and Address of New Registered Agent

Name **BRUCE Hermann**

Street Address (P.O. Box Number is Not Acceptable)
1415 E. Fletcher St.

City **Hernando**

FL

Zip Code **34442**

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: *Bruce Hermann*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1 10 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

TITLE **D** ☒ Delete
 NAME **HERMANN, BRUCE**
 STREET ADDRESS **2995 E CROWN DRIVE**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Delete
 NAME **Hermann Bruce**
 STREET ADDRESS **1415 E. Fletcher St**
 CITY-ST-ZIP **Hernando FL 34442**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 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

TITLE ☐ Change ☐ Addition
 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: *Bruce Hermann* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 10 02

CR2E034 (9/01)