

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S47153**

1. Entity Name  
**ANDY T PAINTING, INC.**

Principal Place of Business

**302 SOUTH STONE STREET  
BUNNELL FL 32110  
US**

Mailing Address

**P.O. BOX 242  
BUNNELL FL 32110  
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3060338**

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

**TERRACIANO, ANDREW  
302 SOUTH STONE STREET  
BUNNELL FL 32110**

Name

**ISTONA-VINCENT**

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

**54-A PLAINVIEW DR**

City

**Palm Coast Fl**

**FL**

Zip Code

**32164**

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 **VINCENT ISTONA**

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

(NOTE: Registered Agent signature required when reinstating)

**4/26/01**  
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>TERRACIANO, ANDREW</b>	
STREET ADDRESS	<b>302 SOUTH STONE ST.</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>TERRACIANO, HAROLDENE</b>	
STREET ADDRESS	<b>302 SOUTH STONE STREET</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SARMENTO, MELDER</b>	
STREET ADDRESS	<b>1657 CANAL AVE.</b>	
CITY-ST-ZIP	<b>BUNNELL FL 32110</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>ISTONA-VINCENT</b>	
STREET ADDRESS	<b>54-A PLAINVIEW DR.</b>	
CITY-ST-ZIP	<b>Palm coast Fl 32164</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ISTONA-VINCENT</b>	
STREET ADDRESS	<b>54-A PLAINVIEW DR</b>	
CITY-ST-ZIP	<b>Palm coast Fl 32164</b>	
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: **Andrew Terraciano** *Andrew Terraciano* **4/24/01** **386 4372150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90111 028 \*\*\*150.00

**00043302**



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)