

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90053 019 \*\*\*150.00

0126696 AV

**DOCUMENT # V53599**

1. Entity Name  
**DISTINCTIVE WALLPAPERING & PAINTING INC.**

Principal Place of Business <del>673 BENEDICTINE TERR</del> <del>SEBASTIAN FL 32958</del>	Mailing Address <del>673 BENEDICTINE TERR</del> <del>SEBASTIAN FL 32958</del>
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2. Principal Place of Business 2100 55th Avenue Suite, Apt. #, etc.	3. Mailing Address 2100 55th Avenue Suite, Apt. #, etc.
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City & State Vero Beach, FL	City & State Vero Beach, FL	4. FEI Number 65-0347897	Applied For <input type="checkbox"/> Not Applicable
Zip 32966	Country	Zip 32966	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GUESS, THOMAS J.**  
~~673 BENEDICTINE TERR~~  
~~SEBASTIAN FL 32958~~

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 2100 55th Avenue  
 City  
 Vero Beach, FL FL Zip Code  
 32966

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, THOMAS J. <del>673 BENEDICTINE TERR</del> <del>SEBASTIAN FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUESS, DEBORAH A. <del>673 BENEDICTINE TERR</del> <del>SEBASTIAN FL</del> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 55th Avenue Vero Beach, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2100 55th Avenue Vero Beach, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Thomas J. Guess, President** **4-25-02** **772 473 1550**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)