FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT# V69245 1. Entity Name 02 NOV 25 AM 10: 44 Michael Serafini Painting Contractorius SECRETARY OF STATE TALLARIAS E, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 1687 Sw South Macedo *1*6875W South macedo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Blud. City & State City & State 4. FEI Number Applied For <u>Port</u> 65-0365449 **O**Q T Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired + Luco 7. Name and Address of Current Registered Agent Seratini DO NOT WRITE Michael Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 3 4983 8. The above named entity submits this statement for the burpose of changing its registered office or registered agent, or both, in the State of Florida. e required when reinstating January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61,25 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS President michael Serafin TITLE TITLE CR2E034B (12/01 NAME 800009202748 11/25/02--01066--004 \*\*150.00 NAME STREET ADDRESS 580 SEwallace Terraco STREET ADDRESS CITY-ST-7IP St. Lucio FL 34983 CITY-ST-7/P TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADORESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 on an attachment with an address, with all other like empowered. SIGNATURE: 772-871-9661

J1 12/2/02

## MICHAEL SERAFINI

Painting Contractor, Inc.

1687 SW South Macedo Blvd. • Port St. Lucie, FL 34984 (561) 871-9661 • Fax (561) 871-9660

November 19, 2002

Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: Uniform Business Report

To Whom It May Concern,

It has come to our attention today from a credit search, that our Corporation has been closed for non-filing of the UBR. The only explanation I can think of is that we had moved last November 2000 and our address forwarding from the post office has expired. Please accept my apology, I would never do anything intentionally to jeopardize my business, I am very sorry for the inconvenience. Any questions you can reach me at the above phone number.

Thank you,

## Michael Scrafini

Michael Serafini President Michael Serafini Painting Contractor, Inc.