

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90011 030 ***150.00

UNITED STATES OF AMERICA

DOCUMENT # F01000000872			
1. Entity Name K.A.M. PAINTING, INC.			
Principal Place of Business 5629 KIPPEN DR. EAST AMHERST NY 14051		Mailing Address 5629 KIPPEN DR. EAST AMHERST NY 14051	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 16-1406649				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACCANAS, ANTONIS 824 WINDWARD WAY PALM HARBOR FL 34685			7. Name and Address of New Registered Agent		
Name MAGGANAS, ANTONIS			Street Address (P.O. Box Number is Not Acceptable) 824 WINDWARD WAY		
City PALM HARBOR			State FL		Zip Code 34685

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 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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC MACCANAS, PAULINE 5629 KIPPEN DR. EAST AMHERST NY 14051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAGGANAS, PAULINE SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPELLING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MACCANAS, KOSTAS 5629 KIPPEN DR. EAST AMHERST NY 14051 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. PRES. MAGGANAS, KOSTAS SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPELLING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACCANAS, ANTONIS 824 WINDWARD WAY PALM HARBOR FL 34685 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MAGGANAS, ANTONIS SAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPELLING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: *Pauline MacCannas* **1/8/02** **716 639-8889**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)