

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90150 029 ***150.00

DOCUMENT # L94832			
1. Entity Name PAINTER ASSOCIATES, INC.			
Principal Place of Business 8549 BRITANIA DRIVE FORT MYERS FL 33912 US		Mailing Address P O BOX 81042 N FT MYERS FL 33906-1042 US	
2. Principal Place of Business 6824 COYOTE RIDGE CT		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State UNIVERSITY PARK, Florida		City & State	
Zip 34210	Country USA	Zip	Country
4. FEI Number 59-3060396		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDA C PAINTER 8549 BRITANIA DR FT MYERS FL 33912		7. Name and Address of New Registered Agent Name DONALD N. PAINTER Street Address (P.O. Box Number is Not Acceptable) 6824 COYOTE RIDGE CT. City UNIVERSITY PARK FL Zip Code 34210	
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 DONALD N. PAINTER, Pres <i>Donald N. Painter</i> DATE 4-27-02 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remitting)			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)		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	PTDD LINDA C PAINTER 12941 CHERRYDALE COURT FT MYERS FL 33919 ☐ Delete	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDD DONALD PAINTER 12941 CHERRYDALE COURT FT MYERS FL 33919 ☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ 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: <i>Donald N. Painter</i> DONALD N. PAINTER		DATE: 4-27-02 PHONE: 941-378-9111	