

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2000 8:00 am**
Secretary of State

04-17-2000 90037 039 ***158.75

DOCUMENT # 500313

1. Entity Name

BELL PAINTING, INC.

Principal Place of Business

Mailing Address

**1061 N.E. 1ST AVE
POMPANO BEACH FL 33060****1061 N.E. 1ST AVE
POMPANO BEACH FL 33060-5748**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1666085

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****WALDO, HARVEY W.
1061 N.E. 1ST AVENUE
POMPANO BEACH FL 33060**

Name

Waldo, Thomas H.

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

1061 N.E. 1st Avenue

City

Pompano Beach**FL**

Zip Code

33060

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/10/009. 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, 2000 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 ☐ Delete
NAME **CD**
STREET ADDRESS **WALDO, HARVEY W.**
CITY-ST-ZIP **1030 N.E. 27TH AVENUE
POMPANO BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **WALDO, JOHN B.**
CITY-ST-ZIP **1030 N.E. 27TH AVENUE
POMPANO BEACH FL**TITLE ☒ Change ☐ Addition
NAME **VD**
STREET ADDRESS **WALDO, JOHN B.**
CITY-ST-ZIP **405 NE 25th Avenue
Pompano Beach, FL 33062**TITLE ☐ Delete
NAME **PDS**
STREET ADDRESS **WALDO, THOMAS H.**
CITY-ST-ZIP **1030 N.E. 27TH AVENUE
POMPANO BEACH FL**TITLE ☒ Change ☐ Addition
NAME **PD ST**
STREET ADDRESS **WALDO, THOMAS H.**
CITY-ST-ZIP **2402 Bay Drive
Pompano Beach, FL 33062**TITLE ☒ Delete
NAME **T**
STREET ADDRESS **WALDO, ELAINE R. (ASST.)**
CITY-ST-ZIP **1030 N.E. 27TH AVENUE
POMPANO BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00

Date

(954) 782-5361

Daytime Phone #