2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L13812

1. Entity Name

S & R PAINTING & SERVICES, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90073 029 ***150.00

Principal Place of Business	Mailing Address
5148 SE ISABELITA STUART FL 34997 US	P.O. BOX 85 YANKEETOWN FL 34498-0085 US

DO NOT WRITE IN THIS SPACE

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 65-0169803 ☐ 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
FOWLER, RUTH 5148 SE ISABELITA STUART FL 34997	FOWLER, RUTH 3491 SE 193 PL. P.O. BOX 85 YANKEETOWN, FL. 34498

ess (P.O. Box Number is Not Acceptable)

FL Zip Code

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

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, 2000 Fee will be $550.00
Make Check Payable t

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			P/V/S/T FOWLER, STATEN, JR. 3491 SE 193 PL. P.O. BOX 85 YANKEETOWN, FL. 34498 ID DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FOWLER, STATEN, JR. 5148 SE ISABELITA STUART FL	☒ Delete		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOWLER, RUTH 5148 SE ISABELITA STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FOWLER, RUTH 5148 SE ISABELITA STUART FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

error

CR2E034 (9/99)

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: Staten Fowler P.STATEN Fowler Jr. Pres. April 10-2000 352-447-0511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #