

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90067 049 ***150.00

DOCUMENT # P96000097786

1. Entity Name
PAINTGUARD, INC.

Principal Place of Business 4450 W SUNRISE BLVD C100 PLANTATION FL 33313 US	Mailing Address P O BOX 189013 PLANTATION FL 33318-9013 US
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614152



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0715623		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VAUGHAN, CRAIG A 4450 W SUNRISE BLVD SUITE #100 PLANTATION FL 33313				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				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 _____ 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. <input type="checkbox"/>	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. <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	P	<input type="checkbox"/> Delete		TITLE	CHAIRMAN	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONNELLY, JAMES			NAME	JAMES DONNELLY		
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100			STREET ADDRESS	✓		
CITY-ST-ZIP	PLANTATION FL 33318 33313			CITY-ST-ZIP	✓		
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STERNBACH, GIL			NAME			
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33318 33313			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAUGHAN, CRAIG			NAME			
STREET ADDRESS	4450 W SUNRISE BLVD, SUITE 100			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33318 33313			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RITCH, TERRY			NAME			
STREET ADDRESS	4450 W. SUNRISE BLVD			STREET ADDRESS			
CITY-ST-ZIP	PLANTATION FL 33318 33313			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				NAME	Catherine Donnelly		
STREET ADDRESS				STREET ADDRESS	4450 W. SUNRISE BLVD, SUITE 100		
CITY-ST-ZIP				CITY-ST-ZIP	PLANTATION, FL 33313		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 REQUIRED** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)