

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 06, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90026 048 \*\*\*150.00

**DOCUMENT # P99000060961**

1. Entity Name  
**S&B PAINT SERVICES, INC.**

Principal Place of Business      Mailing Address  
**6835 WAGON WHEEL CIRCLE**      **6835 WAGON WHEEL CIRCLE**  
**SARASOTA FL 34243**                      **SARASOTA FL 34243-5351**



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    Zip    Country                                      Country

**5900 S. TAMiami TRAIL**  
**SUITE I**  
**SARASOTA FL**  
**34231 USA**

4. FEI Number      Applied For  
**65-0931608**      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VEJINS, MICHAEL S**  
**6835 WAGON WHEEL CIRCLE**  
**SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name: **CATHERINE L. ASTRONSKAS**  
 Street Address (P.O. Box Number is Not Acceptable): **5900 S. TAMiami TRAIL**  
 Suite, Apt. #, etc.: **SUITE I**  
 City: **SARASOTA FL 34231**

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: *Catherine L. Astronskas*      DATE: **3-30-00**

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)

**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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	<b>D</b> <b>VEJINS, MICHAEL S</b>	<b>6835 WAGON WHEEL CIRCLE</b>	<b>SARASOTA FL 34243</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>DIPLOM</b> <b>VEJINS, MICHAEL S.</b>	<b>6835 Wagon Wheel Circle</b>	<b>SARASOTA FL 34243</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Michael S. Vejins*      DATE: **3/31/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)