

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *V30200*

1. Entity Name
Cotton & Martin Custom Painting, Inc.

Principal Place of Business
601 Laurel Road East
Nokomis, FL 34275

Mailing Address
c/o Rosile & Herko Acctg. Services
P.O. Box 8007
North Port, FL 34287

2. Principal Place of Business
601 Laurel Road East

3. Mailing Address
P.O. Box 8007

Suite, Apt. #, etc.

City & State
Nokomis, FL 34275

City & State
North Port, FL 34287

Zip
34275

Country
U.S.A.

Zip
34287

Country
U.S.A.

4. FEI Number
59-2495211

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Ted Martin
601 Laurel Road East
Nokomis, FL 34275

7. Name and Address of New Registered Agent

Name
Andrew T. Herko

Street Address (P.O. Box Number is Not Acceptable)
2918 Alcazar Terrace

City
North Port

State
FL

Zip Code
34286

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 *Kathi Martin* *Andrew T. Herko*

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 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 | President, DT Alsie Ted Martin 601 Laurel Road East Nokomis, Florida 34275 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VDS Mary Kathi Martin 601 Laurel Road East Nokomis, FL 34275 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 500003524455--2 -01/05/01--01019--014 ****150.00 ****150.00 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Kathi Martin*

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

CR2E034 (9/99)

Accounting

Fax (941) 423-4378

Rosile & Herko

P.O. Box 8007 • North Port, FL 34287

Tax Services

Phone (941) 423-6177

B. Zell

November 1, 2000

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32302

RE: Cotton & Martin Custom Painting, Inc.
Doc. No. V30200

Dear Sir or Madam:

I am writing on behalf of my client named above regarding their Corporate Dissolution. My client insists that she did not receive the first two renewal notices from your office. Our office has only filed Corporate Annual Reports for clients if they provided the form to us. That will change beginning January 2001. When my client did not provide the form, I assumed that they took care of it.

I honestly don't believe my client received these notices, probably due to some fault by the post office. I ask that you please do not penalize my client. This was a rare occasion that they failed to file. As you will see, in the past, my client has filed on time with no problem.

I ask that you please make an exception in this case, and allow my client to pay at this time the \$150.00 Annual Report Fee.

Thank you very much for your understanding and cooperation in this matter. . .

Sincerely yours,

Jennifer S. Herko
Jennifer S. Herko

JSH/

Enclosure

cc: Cotton & Martin Custom Painting, Inc.