

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000034462**

1. Entity Name

N.E. & E. PAINT CORPORATION**FILED****Jan 29, 2001 8:00 am**
Secretary of State

01-29-2001 90077 038 ***158.75

Principal Place of Business

**10A FARRADAY LANE
PALM COAST FL 32137**

Mailing Address

**10A FARRADAY LANE
PALM COAST FL 32137**

2. Principal Place of Business

107 BEECHWOOD LANE

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 354605

Suite, Apt. #, etc.

City & State

PALM COAST FL

City & State

PALM COAST FL

Zip

32137

Country

USA

Zip

32135-4605

Country

USA

4. FEI Number

59-3634295

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DUNCAN, DONALD W
25 FLORIDA PARK DRIVE NORTH
PALM COAST FL 32137**

7. Name and Address of New Registered Agent

Name

MARTHA J. FEDELE

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

2 OFFICE PARK DR**SUITE A-3**

City

PALM COAST

FL

Zip Code

32137

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

1-18-20019. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	POMARES, NESTOR M	
STREET ADDRESS	10 A FARRADAY LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE	D	<input type="checkbox"/> Delete
NAME	KEIDONG, ERIK W	
STREET ADDRESS	2 WEST MAR PALCE	
CITY-ST-ZIP	PALM COAST FL 32164	

TITLE	D	<input type="checkbox"/> Delete
NAME	BUSTAMANTE, EUGENIO	
STREET ADDRESS	1225 ESSEX ROAD	
CITY-ST-ZIP	DAYTONA BEACH FL 32117	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P.D.T.S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POMARES NESTOR M	
STREET ADDRESS	101 BEECHWOOD LANE	
CITY-ST-ZIP	PALM COAST FL 32137	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

NESTOR MARCELO POMARES PTSD

Date

1-18-2001

Daytime Phone #

(904) 446-0396