2000 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2000 8:00 am DOCUMENT # **002990 Secretary of State** DOZIER & GAY PAINT COMPANY 02-02-2000 90015 043 ***150.00 Mailing Address Principal Place of Business 3529 ENTERPRISE WAY 3529 ENTERPRISE WAY GREEN COVE SPRINGS FL 32043-9334 GREEN COVE SPRINGS FL 32043 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-0224423 Not Applicable Zip Country \$8.75 Additional Zip Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KOPOLOUSOS, JOHN Street Address (P.O. Box Number is Not Acceptable) 1279 KINGSLEY AVE., SUITE 118 P O BOX 3176 **ORANGE PARK FL 32073** Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change TITLE TITLE X Delete P SLADE, TOM JR. NAME NAME SLADE, SUZETTE STREET ADDRESS STREET ADDRESS 3529 ENTERPRISE WAY 3529 ENTERPRISE WAY CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 CITY-ST-ZIP **GREEN COVE SPRINGS FL 32043** TITLE TITLE XXIX elete KOPOLOUSOS, JOHN NAME NAME MIKE YAUSLIN STREET ADDRESS STREET ADDRESS 1279 KINGSLEY AVE., SUITE 118 3529 ENTERPRISE WAY green cove spri CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL TITLE ☐ Delete S/T NAME NAME JOHN NICHOLS STREET ADDRESS STREET ADDRESS 1329 KINGSLY AVE SUITE D CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK, FL-32073 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

SIGNATURE:

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

all other like empowered.

changed, or on an atta-