

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 002990

1. Entity Name

DOZIER & GAY PAINT COMPANY

Principal Place of Business

3529 ENTERPRISE WAY
GREEN COVE SPRINGS FL 32043
US

Mailing Address

3529 ENTERPRISE WAY
GREEN COVE SPRINGS FL 32043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-0224423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KOPOLOUSOS, JOHN
1279 KINGSLEY AVE., SUITE 118
P O BOX 3176
ORANGE PARK FL 32073

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

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SLADE, SUZETTE
STREET ADDRESS 3529 ENTERPRISE WAY
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE P
NAME *Tom Slade*
STREET ADDRESS
CITY-ST-ZIP *Same* ☒ Change ☐ Addition

TITLE V
NAME YAUSLIN, JOHN
STREET ADDRESS 3529 ENTERPRISE WAY
CITY-ST-ZIP GREEN COVE SPRINGS FL 32043 ☐ Delete

TITLE V
NAME *Paul Mathews*
STREET ADDRESS *Suzette Slade*
CITY-ST-ZIP *Michael Rawlings* ☒ Change ☐ Addition

TITLE ST
NAME NICHOLS, JOHN
STREET ADDRESS 1329 KINGSLEY AVE, SUITE D
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

TITLE ST
NAME *Janice Martin*
STREET ADDRESS
CITY-ST-ZIP *Same* ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Janice L Martin* *Janice L Martin* 2/09/01 904-284-8777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90416 034 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)