

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 311825

1. Entity Name

COLOR WHEEL PAINT MFG. CO., INC.

Principal Place of Business

Mailing Address

2814 SILVER STAR RD
ORLANDO FL 32808

2814 SILVER STAR RD
ORLANDO FL 32808

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 59-1154633

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

STRUBE, CHARLES
2814 SILVER STAR ROAD
ORLANDO FL 32808

Name STRUBE, DAVID K.

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

2814 SILVER STAR RD.

City ORLANDO

FL

Zip Code 32808

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

Charles W. Strube
CHARLES W. STRUBE

3/19/01

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

TITLE	VD	<input type="checkbox"/> Delete
NAME	STRUBE, DONALD	
STREET ADDRESS	LAKE BUTLER-BLVD. BOX 190	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	STRUBE, STEVEN K.	
STREET ADDRESS	3340 WAXBERRY CT.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STRUBE, CHARLES	
STREET ADDRESS	W. PARK AVE. BOX 63	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRUBE, DAVID K.	
STREET ADDRESS	OAKDALE ST.	
CITY-ST-ZIP	WINDERMERE FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRUBE, DONALD JR.	
STREET ADDRESS	1218 SHADY LANE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	STRUBE, RICHARD K.	
STREET ADDRESS	5314 PEBBLE BEACH DR	
CITY-ST-ZIP	ORLANDO FL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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: *Steven K. Strube* STEVEN K. STRUBE

3/19/01

(407) 293-6810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Steven K. Strube

60682



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)