

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92188 041 \*\*\*150.00

0107616 AV

**DOCUMENT # 311825**

1. Entity Name

COLOR WHEEL PAINT MFG. CO., INC.



Principal Place of Business

2814 SILVER STAR RD  
ORLANDO FL 32808

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

**40010910**



6. Name and Address of Current Registered Agent

STRUBE, DAVID K  
2814 SILVER STAR ROAD  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. 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	

11. 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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Steven K. Strube*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/1/03**

Date

Daytime Phone #

CR2E034 (10/02)