

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90914 037 \*\*\*150.00

00002437



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 447008**

1. Entity Name  
**BISHOPS PAINT AND DECORATING, INC.**

Principal Place of Business 795 MONTROSE STREET CLERMONT FL 34711		Mailing Address 795 MONTROSE STREET CLERMONT FL 34711	
2. Principal Place of Business 795 MONTROSE STREET Suite, Apt. #, etc.		3. Mailing Address 795 MONTROSE STREET Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711	Country LAKE	Zip 34711	Country LAKE

4. FEI Number **59-1513647** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**BISHOP, CRAIG**  
**12720 LAKERIDGE CIRCLE**  
**CLERMONT FL 34711**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BISHOP, CRAIG</b> <b>12720 LAKE RIDGE CIRCLE</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BISHOP, CRAIG</b> <b>795 MONTROSE STREET</b> <b>CLERMONT, FL. 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BISHOP, CRAIG R</b> <b>12720 LAKE RIDGE CIRCLE</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BISHOP, CRAIG</b> <b>795 MONTROSE STREET</b> <b>CLERMONT, FL. 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BISHOP, CRAIG</b> <b>12720 LAKE RIDGE CIRCLE</b> <b>CLERMONT FL 34711</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>BISHOP, CRAIG</b> <b>795 MONTORSE STREET</b> <b>CLERMONT, FL. 34711</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **CRAIG BISHOP** Date **April 6, 2000** Daytime Phone # **352-394-2222**

CR2E034 (9/99)