

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625315

1. Entity Name

JACKSONVILLE BRUNING PAINT CENTERS, INC.

Principal Place of Business

Mailing Address

1671 ATLANTIC BLVD
JACKSONVILLE FL 32207

1671 ATLANTIC BLVD
JACKSONVILLE FL 32207-3346

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 59-1909833

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

FOLSOM, FRED R
1671 ATLANTIC BLVD
JACKSONVILLE FL 32207

Name Alvin R. Davis

Street Address (P.O. Box Number is Not Acceptable)
1671 Atlantic Blvd.

City Jax.

City Jax.

FL

Zip Code 32207

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: Alvin R. Davis, Secy & Treas.

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

(NOTE: Registered Agent signature required when reinstating)

DATE: 1/26/00

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 DP
NAME FOLSOM, FRED T.
STREET ADDRESS 7212 HALLOCK ST
CITY-ST-ZIP JACKSONVILLE, FL 00000 ☒ Delete

TITLE DP
NAME ALVIN R. DAVIS ☐ Change ☒ Addition
STREET ADDRESS 1671 ATLANTIC BLVD
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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: ALVIN R. DAVIS 1/26/00 (904) 396-7018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90140 004 ***150.00



DO NOT WRITE IN THIS SPACE