## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE

## **FILED DOCUMENT # 656071** Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** HERB'S PAINTING, INC. 03-31-2000 90059 015 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 180337 PO BOX 180337 PO BOX 337 (CASSELBERRY, FL 32707) PO BOX 337 (CASSELBERRY, FL 32707) CASSELBERRY FL 32718 CASSELBERRY FL 32718-0337 3. Mailing Address PO BOX 1494a8 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1968817 ORLANDO Not Applicable Country-Zip \$8.75 Additional 5. Certificate of Status Desired 3*2814-94*28 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRANSON. HERBER T Street Address (P.O. Box Number is Not Acceptable) 2121 DAS WAY ORLANDO FL 32808 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDS Change Addition TITLE ☐ Delete BRANSON, HERBERT NAME NAME **2121 DAS WAY** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP thereby 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