

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000007016**

1. Entity Name

SERVICE PAINTING COMPANY OF ARKANSAS

Principal Place of Business

Mailing Address

P.O. BOX 306
BEAUMONT TX 77704P.O. BOX 306
BEAUMONT TX 77704

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

76-0066605

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SINGLETON, CHARLES	
STREET ADDRESS	1610 CONSTITUTION	
CITY-ST-ZIP	ASHDOWN AR 71822	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DUCHARME, LARRY	
STREET ADDRESS	1610 CONSTITUTION	
CITY-ST-ZIP	ASHDOWN AR 71822	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROCK, JERROLD R.	
STREET ADDRESS	1670 E. CARDINAL STREET	
CITY-ST-ZIP	BEAUMONT TX 77704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, BRADEN	
STREET ADDRESS	1670 E. CARDINAL STREET	
CITY-ST-ZIP	BEAUMONT TX 77704	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, TODD D	
STREET ADDRESS	1670 E. CARDINAL STREET	
CITY-ST-ZIP	BEAUMONT TX 77704	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUCHARME, LARRY	
STREET ADDRESS	1610 CONSTITUTION	
CITY-ST-ZIP	ASHDOWN, ARK 71822	
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	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHIL SMITH	
STREET ADDRESS	1670 E. CARDINAL	
CITY-ST-ZIP	BEAUMONT, TEXAS 77704	

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/08/01

Date

409 8336226

Daytime Phone #

FILED
Feb 23, 2001 8:00 am
Secretary of State

02-13-2001 90075 009 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)