

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F21706

1. Entity Name

TWIN CITY PAINT & DECORATING CENTER, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90004 013 ***150.00

Principal Place of Business

1043 JOHN SIMS PARKWAY
NICEVILLE FL 32578

Mailing Address

1043 JOHN SIMS PARKWAY
NICEVILLE FL 32578

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 59-2073993

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

MCKINNEY JR, REESE
RTE 1 BOX B-16
BAKER FL 32531

Name
(Same Name)

Street Address (P.O. Box Number is Not Acceptable)
1960 Four Wheel Drive

City
Baker.

FL

Zip Code
32531

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 ☐ Delete
NAME P
STREET ADDRESS MCKINNEY JR, REESE
CITY-ST-ZIP RTE 1 BOX B-16
BAKER FL

TITLE ☒ Change ☐ Addition
NAME (Same Name)
STREET ADDRESS 1960 Four Wheel Drive
CITY-ST-ZIP Baker, FL 32531

TITLE ☐ Delete
NAME ST
STREET ADDRESS MCKINNEY, BARBARA
CITY-ST-ZIP RTE 1 BOX B-16
BAKER FL

TITLE ☒ Change ☐ Addition
NAME (Same Name)
STREET ADDRESS 1960 Four Wheel Drive
CITY-ST-ZIP Baker, FL 32531

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/01

Date

850-628-6050

Daytime Phone #

CF2E034 (10/00)