

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 17, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90020 021 \*\*\*150.00

**DOCUMENT # F31658**

1. Entity Name

**L.R. HUGHES PAINTING & WALL COVERING COMPANY, IN**

Principal Place of Business

Mailing Address

**2624 BYRON CIRCLE  
TALLAHASSEE FL 32308****2624 BYRON CIRCLE  
TALLAHASSEE FL 32308-3810****C0038980**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**5521 JACKSON BLUFF RD. 5521 JACKSON BLUFF RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Tallahassee, FL**City & State  
**Tallahassee, FL**4. FEI Number **59-2084902**

Applied For

Not Applicable

Zip  
**32310**Country  
**USA**Zip  
**32310**Country  
**USA**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

**STRICKLAND, BEVERLY  
-212 OFFICE PLAZA DRIVE-  
TALLAHASSEE FL 32301**

Name

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

**424 E. CALL ST.**

City

**Tallahassee**

FL

Zip Code

**32301**

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

*Beverly A Strickland, Esq.***3/14/00**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DP  
HUGHES, LEVIS R  
2624 BYRON CR  
TALLAHASSEE, FL 00000** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5521 JACKSON BLUFF RD-  
Tallahassee, FL 32310** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
HUGHES, PAULA  
2624 BYRON CIRCLE  
TALLAHASSEE FL** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5521 JACKSON BLUFF RD.  
Tallahassee, FL 32310** ☒ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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☐ Change ☐ AdditionTITLE  
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☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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 *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Paula S. Hughes, Secretary* **3/15/00**

CR2E034 (9/99)