

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F60221

1. Entity Name

SERVICE PAINTING OF FLORIDA, INC.

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90098 027 \*\*\*158.75

Principal Place of Business

93B MILDRED DR.  
FT MYERS FL 33901-9032

Mailing Address

93B MILDRED DR.  
FT MYERS FL 33901-9044

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 59-2211713

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

MONROE, THOMAS R  
93-B MILDRED DRIVE  
FT MYERS FL 33901

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, 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	D	<input type="checkbox"/> Delete
NAME	SMITH, MOLLY E	
STREET ADDRESS	93-B MILDRED DR	
CITY-ST-ZIP	FT MYERS FL 33901	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MONROE, THOMAS R	
STREET ADDRESS	93-B MILDRED DR.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DUVENECK, RICHARD M.	
STREET ADDRESS	93-B MILDRED DR.	
CITY-ST-ZIP	FT MYERS, FL 00000	
TITLE	V	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY L	
STREET ADDRESS	93-B MILDRED DRIE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	HOPKINS, LINDA D	
STREET ADDRESS	93B MILDRED DRIVE	
CITY-ST-ZIP	FT. MYERS FL	
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		<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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Linda D. Hopkins* **Linda D. Hopkins**  
VICE-PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/7/00 (941) 939-7622  
Date Daytime Phone #

CR2E034 (9/99)