

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000706

1. Entity Name

IPC INDUSTRIAL PAINT CO.

FILED

Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90030 039 ***150.00

Principal Place of Business

Mailing Address

4702 MAYWOOD AVE
PENSACOLA FL 32526

4702 MAYWOOD AVE
PENSACOLA FL 32526-1133

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

56-1682919

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

GROF, GWENDOLYN L
5645 HILLTOP RD.
PENSACOLA FL 32504

Name

Same

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

10108 Comstock Ave.

City

Pensacola

FL

Zip Code

32507

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

Gwendolyn L. Grof

2/10/2000

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

Gwendolyn L. Grof Vice-President (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	CDPT	<input type="checkbox"/> Delete
NAME	GROF, RICHARD W	
STREET ADDRESS	5645 HILLTOP RD.	
CITY-ST-ZIP	PENSACOLA FL 32504	
TITLE	VDCS	<input type="checkbox"/> Delete
NAME	GROF, GWENDOLYN L	
STREET ADDRESS	5645 HILLTOP RD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROF, RICHARD W	
STREET ADDRESS	10108 COMSTOCK AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROF GWENDOLYN L.	
STREET ADDRESS	10108 COMSTOCK AVE.	
CITY-ST-ZIP	PENSACOLA, FL 32507	
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)(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:

Gwendolyn L. Grof, Vice-President

2/10/2000 (850)497-1733

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)