

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G40735

1. Entity Name

MCCOY PAINTING, INC.

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90183 013 ***150.00

Principal Place of Business

Mailing Address

~~% MENDOZA, CALLAS & SCHILLING~~
~~251 ROYAL WAY, P.O. BOX 2715~~
~~PALM BEACH FL 33480~~

~~% MENDOZA, CALLAS & SCHILLING~~
~~251 ROYAL WAY, P.O. BOX 2715~~
~~PALM BEACH FL 33480-2715~~

2. Principal Place of Business

3. Mailing Address

c/o Mendoza and Callas

c/o Mendoza and Callas

Suite, Apt. #, etc.

Suite, Apt. #, etc.

251 Royal Palm Way, Ste. 602

Post Office Box 2715

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip

Country

Zip

Country

33480

USA

33480

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MENDOZA, CALLAS & SCHILLING~~
~~251 ROYAL PALM WAY, 6 FL~~
~~PALM BEACH FL 33480~~

Name
Mario G. de Mendoza, III

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

c/o Mendoza and Callas

251 Royal Palm Way, Suite 602

City
Palm Beach

FL

Zip Code
33480

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

Mario G. de Mendoza, III, Reg. Agent

2/8/00

Signature, typed or printed name of registered agent and file 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 PD ☐ Delete
NAME MCCOY, LAWRENCE E
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BCH, FL 00000

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

TITLE STD ☐ Delete
NAME MCCOY, JERRIE G
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BCH, FL 00000

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

TITLE AS ☐ Delete
NAME DE MENDOZA, MARIO G III
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BCH, FL 00000

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

TITLE AS ☐ Delete
NAME WILKINSON, DEBRA
STREET ADDRESS 251 ROYAL PALM WAY
CITY-ST-ZIP PALM BCH, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lawrence E. McCoy* Lawrence E. McCoy, Pres.

(561) 626-1875

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)