

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82031

1. Entity Name

AMORE PAINTING COMPANY

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90159 013 ***550.00

Principal Place of Business

Mailing Address

~~1590 GREENFIELD STR~~
~~PAGE FL 32571~~
~~US~~

1590 GREENFIELD STR
PAGE FL 32571-9306
US

102825



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jay FL

City & State

Jay FL

4. FEI Number

59-2601043

Applied For

Not Applicable

Zip

Country

32565

Zip

Country

32565

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

MATTHEWS, ESEL F., JR.
308 SOUTH JEFFERSON STREET
PENSACOLA FL 32501

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 PD
NAME AMORE, FRANK
STREET ADDRESS 1590 GREENFIELD ST.
CITY-ST-ZIP PACE FL ☐ Delete

TITLE PD
NAME Frank Amore
STREET ADDRESS 2635 Brook Forest Way
CITY-ST-ZIP Jay FL 32565 ☒ Change ☐ Addition

TITLE V
NAME BRIDGET, MARIE A
STREET ADDRESS 1590 GREENFIELD STREET
CITY-ST-ZIP PACE FL ☐ Delete

TITLE V
NAME Bridget Marie Amore
STREET ADDRESS 2635 Brook Forest Way
CITY-ST-ZIP Jay FL 32565 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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:

Frank Amore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-00
Date

(850) 994-5642
Daytime Phone #

CR2E034 (9/99)