

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H92060

1. Entity Name

MACK PARDUE PAINTING CONTRACTORS, INC.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90132 031 ***150.00

902920



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
% MACK S. PARDUE 415 MEANDER LANE CANTONMENT FL 32533 US	% MACK S. PARDUE 415 MEANDER LANE CANTONMENT FL 32533-7652 US

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	59-2626803	Applied For	
		Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PARDUE, MACK S. 415 MEANDER LANE CANTONMENT FL 32533		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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	TITLE	
NAME	PARDUE, MACK S.	NAME	
STREET ADDRESS	415 MEANDER LN	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	CITY-ST-ZIP	
TITLE	DST	TITLE	
NAME	PARDUE, MARTHA S.	NAME	
STREET ADDRESS	415 MEANDER LN	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	PARDUE, CHRISTOPHER J.	NAME	
STREET ADDRESS	1018 DAFFIN RD	STREET ADDRESS	
CITY-ST-ZIP	MOLINO FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Martha S. Pardue, Martha S. Pardue 1-14-00 (850) 968-3671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)