

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H99701

1. Entity Name

PAINTERS UNLIMITED, INC.

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90017 013 \*\*\*150.00

Principal Place of Business

3936 N TAMAMI TR. STE E  
STE A  
NAPLES FL 34103  
US

Mailing Address

3936 N. TAMAMI TR. STE. A  
STE A  
NAPLES FL 34103-3506  
US

2. Principal Place of Business

2900 14<sup>TH</sup> ST. N.

Suite, Apt. #, etc.

#39

City & State

Naples, FL

Zip  
34102

Country

US

3. Mailing Address

2900 14<sup>TH</sup> ST. N.

Suite, Apt. #, etc.

#39

City & State

Naples, FL 34102

Zip  
34102

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2660209

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, J. P.  
2900 14TH STREET NORTH  
SUITE 39  
NAPLES FL 34103

7. Name and Address of New Registered Agent

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

J.P. Allen  
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

TITLE PD ☐ Delete  
NAME ALLEN, J. P.  
STREET ADDRESS 17870 HACIENDA BLVD 202 D  
CITY-ST-ZIP BONITA FL 34135

TITLE STD ☐ Delete  
NAME DAHL, CRAIG W.  
STREET ADDRESS 170 WESTWOOD DRIVE  
CITY-ST-ZIP NAPLES FL 34110

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

J.P. Allen  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00  
Date

9418491442  
Daytime Phone #

CR2E034 (9/99)