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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J59016 **DOCUMENT #**

UNIVERSAL PAINTERS & VINYL HANGERS, INC.

Mailing Address Principal Place of Business 4484 ARNOLD AVE 4484 ARNOLD AVE NAPLES FL 33942 NAPLES FL 33942 3a. Date of Last Report 05/31/1995 3. Date Incorporated or Qualified 02/19/1987 4. FEI Number Applied For 2a. Mailing Address 2. Principal Flace of Business 65-0024916 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired П Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name KNORR, DUANE Street Address (P.O. Box Number is Not Acceptable) A2 4484 ARNOLD AVE 83 NAPLES FL 33942 85 Zio Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agreet signature required when reinstating) Signature. Now they provides earlier of registered agent and title if abordable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. Change Addition DELETE KNORR, DUANE 1.2 NAME NAME: 1625 EUCALYPTUS LANE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST - 2IP OFY ST 7P ☐ Change ☐ Addition DELFIE 2 1 TITLE THEF 22 NAME 10515 23 STREFT ADDRESS STREET ADDRESS. 24 CITY - ST - ZIP CITY - \$1 - ZIP Change Addition DELETE 3 1 TITLE 31108 NAME 33 STREET ADDRESS STREET AUDREST

6.4 CITY - ST- ZIP 14. I ou hereiny certify that the information supplied with this fring is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cartify that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an altractiment with an address.

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