

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # **K07146**

1. Entity Name
FREDERICK KOPP CUSTOM PAINTING, INC.

Principal Place of Business	Mailing Address
% FREDERICK G. KOPP 1641 ALGONQUIN DR. CLEARWATER FL 33755	% FREDERICK G. KOPP 1641 ALGONQUIN DR. CLEARWATER FL 33755

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 **59-2858740**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOPP, FREDERICK G.
1641 ALGONQUIN DR.

CLEARWATER FL 34615 US

7. Name and Address of New Registered Agent

Name
KOPP FREDERICK G
Street Address (P.O. Box Number is Not Acceptable)
1641 ALGONQUIN DR.

City
CLEARWATER FL Zip Code
34615

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 **FREDERICK G. KOPP**

03/03/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP
PSD	KOPP, FREDERICK G.	1641 ALGONQUIN DR.	CLEARWATER FL 33755

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
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<input type="checkbox"/> Delete			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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<input type="checkbox"/> Change <input type="checkbox"/> Addition			

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> 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: FREDERICK G. KOPP

PREP: 03/03/2000