

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K34127

1. Entity Name

R. L. WATKINS PAINTING, INC.

FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90083 003 ***550.00

A0072194



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% RICHARD L. WATKINS % RICHARD L. WATKINS
10340 N.W. 43RD ST. 10340 N.W. 43RD ST.
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-6412

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 65-0080430 Applied For Not Applicable

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

KILEY, ROBERT
2013 NW 45 AVE
COCONUT CREEK FL 33066

Name Same
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) ☐

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	D	<input type="checkbox"/> Delete
NAME	WATKINS, RICHARD L.	
STREET ADDRESS	10340 N.W. 43RD ST.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCGINNIS, MARC	
STREET ADDRESS	8901 WILES RD #202	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KILEY, ROBERT	
STREET ADDRESS	8601 N.W. 34 PL.	
CITY-ST-ZIP	WUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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: Richard L. Watkins Richard L. Watkins 8-500-974-752-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)