

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K36287

1. Entity Name

DAVID MOORMAN PAINTING, INC.

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90124 049 ***150.00

Principal Place of Business

Mailing Address

% DAVID MOORMAN
1205 WHIPPORWILL LANE
NAPLES FL 34105

% DAVID MOORMAN
1205 WHIPPORWILL LANE
NAPLES FL 34105-4842

944001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0091509

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOORMAN, DAVID
1205 WHIPPORWILL LANE
NAPLES FL 33909

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL 39105

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 *David Moorman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/17/00

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/P
NAME MOORMAN, DAVID
STREET ADDRESS 1205 WHIPPORWILL LANE
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

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

TITLE VP
NAME MOORMAN, MARDI S
STREET ADDRESS 1205 WHIPPORWILL LANE
CITY-ST-ZIP NAPLES FL 34105 ☐ Delete

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

TITLE D
NAME MIR, SERMAD
STREET ADDRESS 4081 NORTHLIGHT DR.
CITY-ST-ZIP NAPLES FL 34112 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

David Moorman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

941-263 8895

Daytime Phone #