2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K90147

1. Entity Name

DARWIN C. CARR PAINTING & DECORATING, INC.

Principal Place of Business %DARWIN C. CARR 1807 COLOMBIA DRIVE

2. Principal Place of Business

WINTER HAVEN FL 33884

Mailing Address

1807 COLUMBIA DR WINTER HAVEN FL 33881

3. Mailing Address

FILED Apr 18, 2001 8:00 am Secretary of State

04-18-2001 90007 001 ***150.00



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Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE			
				4. F	4. FEI Number 59-2959204		plied For t Applicable	
Zip	Zip Country Zip		Country		ertificate of Status Desired	\$8.75 Addi		
	6. Name and Address of Current F	tegistered Agent		7. N	ame and Address of New Registere	d Agent		
			Name					
CARR, DARWIN C. 1807 COLUMBIA DR NE WINTER HAVEN FL 33881			Street Ado	Street Address (P.O. Box Number is Not Acceptable)				
			City		F	Zip Code	9	
The above	named entity submits this statement for	the purpose of changing its r	egistered office or re	egistered age	ent, or both, in the State of Florida.			
	,							
SIGNATURE _								
SIGNATURE _	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature	required when ro	instating) DAT	Ė		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.		! FEE IS \$150.00 01 Fee will be \$55 le to Department	0.00	Election Campaign Financing Trust Fund Contribution.	\$5.0 □ Added	00 May Be d to Fees	
11.	OFFICERS AND	DIRECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
TITLE	D	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRESS	CARR, DARWIN C. 141 BROWNING CIR.	<u> </u>	NAME STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP	WINTER HAVEN FL					- Channe	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, JO-ANNE M. 141 BROWNING CIR. WINTER HAVEN FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE	1	☐ Delete	TITLE			Change	Addition	
NAME STREET ADDRÉSS		_ Donoto	NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
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TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			Change	Addition	
TITLE NAME STREET ADDRESS		☐ Đelete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP			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.

CSIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR