

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L61092

1. Entity Name

REFLECTIONS, PAINT AND BODY, INC.

Principal Place of Business

Mailing Address

2118 NICKERSON LN  
JACKSONVILLE FL 32207

2118 NICKERSON LN  
JACKSONVILLE FL 32207-6562

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

59-3003982

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

MONTCALM, RONALD A.  
2118 NICKERSON LN  
JACKSONVILLE FL 32207

Name

Cecil S. Powell, Jr.

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

2118 NICKERSON LN.

City

JACKSONVILLE

FL

Zip Code

32207

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

Cecil S. Powell Jr. PRESIDENT Cecil S. Powell Jr.

4-5-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DPT	<input type="checkbox"/> Delete
NAME	POWELL, CECIL S., JR.	
STREET ADDRESS	108 WESLEY ROAD	
CITY-ST-ZIP	GREEN COVE SPGS FL	
TITLE	DVS	<input checked="" type="checkbox"/> Delete
NAME	MONTCALM, RONALD A.	
STREET ADDRESS	12726 BURNING TREE LN	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JIMMY W.	
STREET ADDRESS	4063 DOWLING RD	
CITY-ST-ZIP	MIDLEBURG FL	

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

Cecil S. Powell, Jr. Cecil S. Powell, Jr.

4-5-00

904-396-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)