

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L78034

1. Entity Name

NU LIFE PAINTING INC.

FILED

Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90111 004 ***150.00

Principal Place of Business

Mailing Address

4428 COUNTY ROAD 218
MIDDLEBURG FL 32068
US

4428 COUNTY ROAD 218
MIDDLEBURG FL 32068-4853
US

2. Principal Place of Business

4429 CR 218

3. Mailing Address

4429 CR 218

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Middleburg FL

Middleburg FL

City & State

City & State

4. FEI Number

59-3018832

Applied For

Not Applicable

Zip

Country

32068 US

Zip

Country

32068 US

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

WILLIAMS, ROBERT MICHAEL
10 MANDRAKE ST
MIDDLEBURG FL 32068

Name

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

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 DV
NAME WILLIAMS, ROBERT MICHAEL ☐ Delete
STREET ADDRESS 695 BRANSCOMB
CITY-ST-ZIP GREEN COVE SPRING FL

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

TITLE P
NAME WILLIAMS, PAUL ROBERT ☐ Delete
STREET ADDRESS 10 MANDRAK ST.
CITY-ST-ZIP MIDDLEBURG FL

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

TITLE ST
NAME WILLIAMS, JOYCE SCHOCK ☐ Delete
STREET ADDRESS 10 MANDRAKE STREET
CITY-ST-ZIP MIDDLEBURG FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-00

904-282-9793

CR2E034 (9/99)