2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90040 044 ***150.00

DOCUMENT # L94832

1. Entity Name
PAINTER ASSOCIATES, INC.

Principal Place of Business	Mailing Address
12941 CHERRYDALE COURT FT MYERS FL 33919 US	P O BOX 61042 N FT MYERS FL 33906-1042 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8549 BRITTANIA DR.	PO BOX 61042
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT MYERS FLORIDA	City & State: FT MYERS FL
Zip: 33912 Country: USA	Zip: 33906-1042 Country: USA

4. FEI Number 59-3060396 ☐ 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
LINDA C PAINTER 8549 BRITTANIA DR FT MYERS FL 33912	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] LINDA C PAINTER 3-31-01
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, 2001 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	PTDD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LINDA C PAINTER	NAME	
STREET ADDRESS	12941 CHERRYDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	CITY-ST-ZIP	
TITLE	VPDD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DONALD PAINTER	NAME	
STREET ADDRESS	12941 CHERRYDALE COURT	STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL 33919	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/00)

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] DONALD N. PAINTER PRES. 3-31-01 941-768-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #