

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000126

1. Entity Name
BEN'S PAINT SUPPLY, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 10 PM 4:39

Principal Place of Business
132 SOUTH SEGRAVE STREET
DAYTONA BEACH FL 32114

Mailing Address
132 SOUTH SEGRAVE STREET
DAYTONA BEACH FL 32114-4225



DO NOT WRITE IN THIS SPACE:

8/1/99

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3491950

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EMERSON, DENNIS
132 SOUTH SEGRAVE STREET
DAYTONA BEACH FL 32114

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME EMERSON, TRENT
STREET ADDRESS 132 SOUTH SEGRAVE STREET
CITY- ST- ZIP DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Change ☐ Addition
9000003102379--0
-01/19/00--01040--004
*****50.00 *****50.00

TITLE MGR
NAME SCHMIDT, ROBERT J
STREET ADDRESS 3008 NICHOLSON DRIVE
CITY- ST- ZIP WINTER PARK FL 32792 ☐ Delete

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

TITLE MGR
NAME MCWILLIAMS, MARK
STREET ADDRESS 5001 LOGWAGON ROAD
CITY- ST- ZIP OCOEE FL 34761 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

SIGNATURE OF EMERSON

1-5-00

904-252-3817

CR2E083 (9/99)