2000 UNIFORM BUSINESS REPORT (UBR)

	, O			, ——··/						
DOCUMENT # L9800000126 1. Entity Name BEN'S PAINT SUPPLY, L.C.						SECRETARY OF STATE DIVISION OF CORPORATIONS				
					_	00 JAN 10	PM L. 20	`		
Principal Place of Business Mailing Address							11/ 4- 3	•		
132 SOUTH SEGRAVE STREET 132 SOUTH SEGRAVE STREE										
DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114-						-				
							 		1111 \$111 1511	
					_					
2. Principal Place of Business 3. Mailing Address					Ì	F 1986 state 648 58181 18111 88111 88	114 MB151 WM211 MB151 WM	ISMS TOWNS O	1818 BIST 1887	,
Suite, Apt. #, etc. Suite, Apt. #, etc.					\dashv	DO NOT WRIT	E IN THIS SPACE	=. F\		
	.,					50110111111	2 114 17 110 017 101	- (B	FE 8 7 2	
City & State City & State				•	4. FEI N	lumber FO 24040FO		App	olied For]
			 	-		59-3491950			Applicable	1
Zip	Country	Zip	Coun	try	5. Certif	ficate of Status Desired)O Addi leguired		
	6. Name and Address of Curren	 Registered Agent		<u> </u>	7. Name	and Address of New R				-
	S. Hame and Addies of Other	gioterau Ageilt		Name	,, vaille		-9.4.2.0a uBelit	_		1
EMERSON, DENNIS				Charles Address (DO Double to the Mark Assessed)						-
132 SOUTH SEGRAVE STREET				Street Address (P.O. Box Number is Not Acceptable)						
DAYTONA BEACH FL 32114										1
				City			F 1 7	ip Code	ı	-
· .				J.,,			FL z			
8. The above	named entity submits this statement	for the purpose of changing its	registere	ed office or regist	tered agent, o	or both, in the State of Flo	rida.			
										Ī
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registere	d Agent signature requi	red when reinstatii	ng)	DATE			
	······································	, and the second					-			1
		1 A		FEE IS \$50.00	1	18				{
		Make Check Pa	ayable to	o Department	of State					
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS/	CHANGES			-
TITLE	MGR	Deleta Deleta	TITL			7.8811101107		hange	Addition	66
NAME	EMERSON, TRENT		NAM	E		900003:	- •	3,->	_ 	6)
STREET ADORESS	132 SOUTH SEGRAVE STREET	•	\$TRE	ET ADDRESS		300000	7000104i	וחחו		8
CITY-ST-ZIP	DAYTONA BEACH FL 32114		CITY	- ST-ZIP						R2E083 (9/99)
TITLE	MGR	Delete	TITL		•	· · · ·		psude	Addition	Ö
NAME	SCHMIDT, ROBERT J		NAM							
STREET ADDRESS CITY-ST-ZIP	3008 NICHOLSON DRIVE WINTER PARK FL 32792			ET ADDRESS - ST- ZIP						į
TITLE		□ Belete	TITLE					tiange	Addition	1
NAME	MGR MCWILLIAMS, MARK	in the state of th	NAM							
STREET ADDRESS	5001 LOGWAGON ROAD		STRE	ET ADDRESS						
CITY-ST-ZIP	OCOEE FL 34761		CITY	- 8T - ZtP						
TITLE	-	☐ Deleta	TITU	1			□ c	hange	Addition	
NAME AVECT ADDRESS			MAM							1
STREET ADDRESS City-St-Zip	5 . A	•		ET ADDRESS - ST-ZIP						
TITLE	Here there is a single control of the control of th	☐ Delete	TITLE	-				bange	☐ Addition	1
NAME	(A)		NAM			•	U			
STREET ADDRESS			STRE	ET ADDRESS						1
CITY-ST-ZIP			CITY	-\$T-ZIP						ĺ
nije		Delete	9 TITLE		•		□ C	hange	Addition	
HAGE		•	HAM			•	1			1
STEET ADDRESS City-St-Zip		, t	2	ET ADDRESS - St- Zip						
	partiful that the information assembled and	th this filing does not qualify fo			Spotion 110.0	17/3Vi) Florida Statutos I	further certify the	at the inf	ormation	-
indicated	certify that the information supplied wi on this report is true and accurate an	d that my signature shall have	the same	e legal effect as if	fmade under	oath; that I am a manag	ing member or m	at the intranager	of the	
limited lial	bility company or the receiver or trusto	_//								}
	CO 2NI P		ERIE!	VT FM	ASON	1-5.00	GOV 3	<>>.⁻	3017	
SIGNAT										
	SIGNATURE AND TYPED OR PI	RINNED NAME OF SIGNING MANAGING	MEMBER O	H MANAGER		Date	Daytime P	none #		