

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000006624

1. Entity Name

D & S PAINTING, INC.

Principal Place of Business  
340 FULLERS CROSS ROAD  
WINTER GARDEN FL 34787

Mailing Address  
340 FULLERS CROSS ROAD  
WINTER GARDEN FL 34787

2. Principal Place of Business

X 1316 VIC KAY CT  
Suite, Apt. #, etc.

3. Mailing Address

X 1316 VIC KAY CT  
Suite, Apt. #, etc.

City & State

X WINTER GARDEN FL

City & State

X WINTER GARDEN, FL

Zip 34787

Country USA

Zip 34787

Country USA

4. FEI Number

59-3621984

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSH, KENNETH DWAYNE  
340 FULLERS CROSS ROAD  
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent

Name X Kenneth Dwayne MARSH  
Street Address (P.O. Box Number is Not Acceptable)  
X 1316 VIC-KAY CT  
City X WINTER GARDEN FL Zip Code 34787

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, 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

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | PD                     | <input type="checkbox"/> Delete            |
| NAME           | MARSH, KENNETH DWAYNE  |  |
| STREET ADDRESS | 340 FULLERS CROSS ROAD |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          | STD                    | <input checked="" type="checkbox"/> Delete |
| NAME           | MARSH, SHERRI L        |  |
| STREET ADDRESS | 340 FULLERS CROSS ROAD |  |
| CITY-ST-ZIP    | WINTER GARDEN FL 34787 |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Delete            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |   |
|----------------|--|---|
| 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    |  |   |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 11, 2001 8:00 am  
Secretary of State

01-11-2001 90049 008 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)