

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000028697

1. Entity Name
DON ELLIS PAINTING, INC.

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90320 037 ***150.00

Principal Place of Business

514 SW 2ND AVENUE
OCALA FL 34474

Mailing Address

514 SW 2ND AVENUE
OCALA FL 34474

2. Principal Place of Business

8384 SE 132nd LN

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2398

Suite, Apt. #, etc.

City & State

Summerfield FL

Zip

34491

Country

USA

City & State

Belleview FL

Zip

34421

Country

USA

4. FEI Number

65-0993114

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ELLIS, DONALD
514 SW 2ND AVENUE
OCALA FL 34474

7. Name and Address of New Registered Agent

Name

Donald Ellis

Street Address (P.O. Box Number is Not Acceptable)

8384 SE 132nd LN

City

Summerfield

FL

Zip Code

34491

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
NAME ELLIS, DONALD
STREET ADDRESS 514 SW 2ND AVENUE
CITY-ST-ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 #

CR2E034 (10/00)

0418391