

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000031859

1. Entity Name

KEVIN OGDEN CUSTOM PAINTING, INC.

**FILED**  
**Feb 01, 2001 8:00 am**  
**Secretary of State**

02-01-2001 90121 002 \*\*\*150.00

Principal Place of Business

1301 BAYSHORE DRIVE  
TERRA CEIA FL 34250

Mailing Address

1301 BAYSHORE DRIVE  
TERRA CEIA FL 34250

2. Principal Place of Business

3. Mailing Address

P.O. BOX 147

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

TERRA CEIA FL

4. FEI Number

65-1004234

Applied For

Not Applicable

Zip

Country

Zip

Country

94250

U.S.A.

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

OGDEN, KEVIN  
1301 BAYSHORE DRIVE  
TERRA CEIA FL 34250

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

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	D	<input type="checkbox"/> Delete
NAME	OGDEN, KEVIN	
STREET ADDRESS	1301 BAYSHORE DRIVE	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE	D	<input type="checkbox"/> Delete
NAME	OGDEN, CATHY L	
STREET ADDRESS	1301 BAYSHORE DRIVE	
CITY-ST-ZIP	TERRA CEIA FL 34250	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

Kevin Ogden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/01

Date

941 722 0400

Daytime Phone #

CR2E034 (10/00)