FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P0000036046 TJB'S PRESTIGE PAINTING INC. 04-02-2001 90058 047 \*\*\*150.00 Principal Place of Business Mailing Address 4927 34TH ST. WEST 4927 34TH ST. WEST BRADENTON FL 34210 **BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FELNumber 001900 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KAYS, THOMAS Street Address (P.O. Box Number is Not Acceptable) 4927 34TH ST. WEST **BRADENTON FL 34210** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Delete TITLE Change NAME NAME Kays. Brian STREET ADDRESS STREET ADDRESS 4927 34th street west CITY-ST-ZIP CITY-ST-ZIP Bradenton FL 34210 TITLE ☐ Delete TITLE V.P. ☐ Change NAME Justin Maugerman STREET ADDRESS STREET ADDRESS 4927 34th Street wast CITY-ST-ZIP CITY-ST-ZIP Bradenton . FL 34210 Change Addition TITLE Delete TITLE seα. NAME NAME haus, Thomas STREET ADDRESS STREET ADDRESS 4927 34th Street wast CITY-ST-ZIP CITY-ST-ZIP Bradenton IFL 34210 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IB CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: 5-201 941-761-085