

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90021 033 ***150.00

DOCUMENT # P00000048561

1. Entity Name
BRUCE CANEDY PAINTING CO.

Principal Place of Business
165 BAYVIEW AVENUE
FORT MYERS BEACH FL 33931

Mailing Address
165 BAYVIEW AVENUE
FORT MYERS BEACH FL 33931

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1021475

Applied For

Not Applicable

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

SHENKO, WILLIAM E JR.
2801 ESTERO BLVD., SUITE C
FORT MYERS FL 33931

Name

PITTMAN CONSULTING SERVICES, INC.

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

6051 ESTERO BLVD.

City

FORT MYERS BEACH

FL

Zip Code

33931

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-16-01

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 NAME STREET ADDRESS CITY-ST-ZIP	D CANEDY, BRUCE M 165 BAYVIEW AVENUE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANEDY, PAMELA J 165 BAYVIEW AVENUE FORT MYERS BEACH FL 33931	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

BRUCE CANEDY

Date

4-16-01

Daytime Phone #

(941) 281-4920 CELL

CR2E034 (10/00)