

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90459 006 ***158.75

DOCUMENT # P00000057057

1. Entity Name

ONEY'S PAINTING, INC.

Principal Place of Business

**4240 JASLO AVENUE
 NORTH PORT FL 34286**

Mailing Address

**4240 JASLO AVENUE
 NORTH PORT FL 34286**

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

59-3653875

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

**ONEY, FLOYD II
 4240 JASLO AVENUE
 NORTH PORT FL 34286**

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

PRESIDENT
FLOYD ONEY II ☐ Change ☒ Addition
4240 JASLO AVE
NORTH PORT, FL 34286

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

VICE PRESIDENT
GRAYCE ONEY ☐ Change ☒ Addition
4240 JASLO AVE
NORTH PORT, FL 34286

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

SECRETARY
ROBERT BROWN ☐ Change ☒ Addition
2760 21ST STREET
SARASOTA, FL 34234

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

☐ 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:

Grayce Oney

Grayce Oney

Vice-President

Feb 4, 2001

(941) 423-4492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)