

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000061286

1. Entity Name

PARAMOUNT PAINTING, INC. OF JACKSONVILLE

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

04-30-2001 90066 007 ***150.00

Principal Place of Business

7287 W BEAVER ST
JACKSONVILLE FL 32254

Mailing Address

7287 W BEAVER ST
JACKSONVILLE FL 32254

2. Principal Place of Business

~~7287 W BEAVER ST~~

Suite, Apt. #, etc.

Correct

3. Mailing Address

Correct

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FID Number

59-3648361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, MARY J
7287 W BEAVER ST
JACKSONVILLE FL 32254

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

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 (Applicable)

(NOTE: Registered Agent signature required when re-registering)

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	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	☐ Change ☒ Addition
NAME	P Ronald Wayne Johnson
STREET ADDRESS	Rt 1 Box 645
CITY-STATE-ZIP	Bryceville FL 32009
TITLE	☐ Change ☒ Addition
NAME	V/S Mary Jane Johnson
STREET ADDRESS	3113 Tustenuggee Ct.
CITY-STATE-ZIP	Bryceville, FL 32009
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Mary Jane Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-01

904-723-2007

Date

Daytime Phone

CP2E034 (10/00)