

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000102054

1. Entity Name  
**CENTRAL PAINTING, INC.**

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90089 039 \*\*\*158.75

Principal Place of Business <b>2120 SYDNEY ROAD DOVER FL 33527</b>	Mailing Address <b>2120 SYDNEY ROAD DOVER FL 33527</b>
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642 62



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2120 Sydney Dover Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>2120 Sydney Dover Rd.</b> Suite, Apt. #, etc.
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City & State <b>Dover, FL.</b>	City & State <b>Dover, FL.</b>	4. FEI Number <b>65-1072150</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33527</b>	Country <b>Hills.</b>	Zip <b>33527</b>	Country <b>Hills.</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>SANCHEZ, KAREN 2120 SYDNEY ROAD DOVER FL 33527</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2120 Sydney Dover Rd</b> City <b>Dover, FL</b> Zip Code <b>33527</b>
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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 *Karen Sanchez* DATE 4/16/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>SANCHEZ, KAREN 2120 SYDNEY ROAD DOVER FL 33527</b>
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2120 Sydney Dover Rd Dover, FL. 33527</b>
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: *Karen Sanchez* DATE 4/16/01 813-752-9692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)