

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90344 028 ***150.00

0004921 AV

DOCUMENT # P02000057661

1. Entity Name
C&A PAINTING, INC.



Principal Place of Business
**1747 NORTH 8TH STREET
JACKSONVILLE BEACH FL 32250**

Mailing Address
**1747 NORTH 8TH STREET
JACKSONVILLE BEACH FL 32250**

2. Principal Place of Business
1747 N. 8th St.
Suite, Apt. #, etc.

3. Mailing Address
1747 N. 8th St.
Suite, Apt. #, etc.

City & State
Jax. Bch. FL
Zip
32250 Country
Duval

City & State
Jax. Bch. FL
Zip
32250 Country
Duval

4. FEI Number
90-0037466

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DURDEN, CHRISTOPHER W
1747 NORTH 8TH STREET
JACKSONVILLE BEACH FL 32250**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE **7/11/03**

FILE NOW!!! FEE IS \$550.00
After September 10, 2003, Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DURDEN, CHRISTOPHER W 1747 NORTH 8TH STREET JACKSONVILLE BEACH FL 32250	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90142521
PO2000057661

Monakey & Company, LC

Certified Public Accountants

July 7, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: FIN 90-0037466 C&A Painting, Inc.
Uniform Business Report

Gentlemen:

I have enclosed my completed Uniform Business Report and payment for \$150. Because I did not receive a prior notice, I ask that all penalties be waived. I apologize for any inconvenience this may have caused.

Thank you in advance for your assistance in this matter.

Very truly yours,

Christopher Durden
President

Enclosures

11945 San Jose Blvd., Jacksonville, FL 32223
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www.monakeybryant.com

Members of American Institute of CPA's and Florida Institute of CPA's