

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000008289

1. Entity Name

PREMIER PAINTING INDUSTRIES, INC.

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90147 032 \*\*\*150.00

Principal Place of Business

Mailing Address

1560 AVIAN WAY  
DELTONA FL 32725  
US

1560 AVIAN WAY  
DELTONA FL 32725-8528  
US

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

59-3157927

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

PIZZA, MICHAEL  
1560 AVIAN WAY  
DELTONA FL 32725

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, 2000 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 PD  
NAME PIZZA, MICHAEL  
STREET ADDRESS 240 HEDGEWOOD AVENUE  
CITY-ST-ZIP DELTONA FL 32738 ☐ Delete

TITLE PD  
NAME PIZZA, MICHAEL  
STREET ADDRESS 1560 AVIAN WAY  
CITY-ST-ZIP DELTONA FL 32738 ☒ Change ☐ Delete

TITLE V  
NAME GREENHOWARD, ROBERT  
STREET ADDRESS 705 W 10TH AVE  
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE S  
NAME RHODES, TIMOTHY  
STREET ADDRESS 1379 N NORMANDY BLVD  
CITY-ST-ZIP DELTONA FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Delete

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 as 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

4/11/00

Date

4078603694

Daytime Phone #