

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 11, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90007 013 \*\*\*150.00

**DOCUMENT # P93000013445**

1. Entity Name

**GUAY PAINTING, INC.**

Principal Place of Business

2535 ARLINGTON ST  
SARASOTA FL 34239

Mailing Address

2535 ARLINGTON ST  
SARASOTA FL 34239

2. Principal Place of Business

7179 JANA DR

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Same

4. FEI Number

65-0390321

Applied For

Not Applicable

Zip

34241

Country

SARASOTA

Zip

Same

Country

Same

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~GUAY, DONALD L  
2535 ARLINGTON ST  
SARASOTA FL 34239~~

7. Name and Address of New Registered Agent

Name **Guay, Brian**

Street Address (P.O. Box Number is Not Acceptable)

7179 JANA DR

City

SARASOTA FL

FL

Zip Code

34241

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

*Brian R. Guay*

(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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	GUAY, BRIAN	2016 STRATFORD	SARASOTA FL	<input type="checkbox"/>
VPD	BUTLER, KEVIN	2329 AMANTIA DR	SARASOTA FL	<input checked="" type="checkbox"/>
ST	SOUTHWORTH, TIM	2535 ARLINGTON ST	SARASOTA FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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
		7179 JANA DR	SARASOTA, FL 34241	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		324 GOLDEN SANDS	SARASOTA, FL 34232	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3951 ETON PLACE	SARASOTA, FL 34241	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	V.P. BONNY GUAY	7179 JANA DR	SARASOTA FL 34241	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

Date

Daytime Phone #

CR2E034 (10/00)