

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90824 006 ***150.00

DOCUMENT # P93000017922

1. Entity Name

MIZNER PAINTING SERVICES, INC.

Principal Place of Business

**7002 BAHIA ROAD
OCALA FL 34472
US**

Mailing Address

**7002 BAHIA RD
OCALA FL 34472
US**

2. Principal Place of Business

**3699 SE 54th Ct.
Suite, Apt. #, etc.**

3. Mailing Address

**3699 SE 54th Ct.
Suite, Apt. #, etc.**

City & State

OCALA FL

City & State

OCALA FL

Zip

34471-9395

Country

USA

Zip

34471-9395

Country

USA

4. FEI Number

59-3174862

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

**MIZNER, KAREN W
7002 BAHIA ROAD
OCALA FL 34472**

Name

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

3699 SE 54th Ct.

City
OCALA

FL

Zip Code

34471-9395

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MIZNER, KAREN W**
STREET ADDRESS **7002 BAHIA ROAD**
CITY-ST-ZIP **OCALA FL**

TITLE ☒ Change ☐ Addition
NAME **3699 SE 54th Ct.**
STREET ADDRESS **OCALA FL 34471-9395**
CITY-ST-ZIP

TITLE **ST** ☐ Delete
NAME **MIZNER, ERIC**
STREET ADDRESS **7002 BAHIA ROAD**
CITY-ST-ZIP **OCALA FL**

TITLE ☒ Change ☐ Addition
NAME **3699 SE 54th Ct.**
STREET ADDRESS **OCALA FL 34471-9395**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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 W. Mizner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/01

Daytime Phone #

352-694-1724

CR2E034 (10/00)