

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000043726

1. Entity Name

BLUEGRASS PAINTING INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 040 ***150.00

Principal Place of Business

4822 LIGHTHOUSE CIRCLE
ORLANDO FL 32808
US

Mailing Address

4822 LIGHTHOUSE CIRCL
ORLANDO FL 32808-1224
32

2. Principal Place of Business

4589 Lighthouse Circle
Suite, Apt. #, etc.

3. Mailing Address

4589 Lighthouse Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando

4. FEI Number

59-3188674

Applied For

Not Applicable

Zip

32808

Country

Orange

Zip

FL 32808

Country

Orange

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAUGH, FRANCES L
4822 LIGHTHOUSE CIRCLE
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name

Frances L. Baugh

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

4589 Lighthouse Circle

City

Orlando

FL

Zip Code

32808

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

T ☐ Delete
NAME JAMES S BAUGH
STREET ADDRESS 906 COOL SPRINGS CIRCLE
CITY-ST-ZIP OCOEE FL 34761

PD ☐ Delete
NAME BAUGH, FRANCES L
STREET ADDRESS 4822 LIGHTHOUSE CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

VPSD ☐ Delete
NAME BUNGH, JAMES O
STREET ADDRESS 4822 LIGHTHOUSE CIRCLE
CITY-ST-ZIP ORLANDO FL 32808

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

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

☐ Change ☐ Addition
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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 *Frances L. Baugh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5:100
5-300

407-298-1329

CR2E034 (9/99)