

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054216

1. Entity Name
UV-TEX COLORS, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State
04-26-2001 90288 034 ***150.00

Principal Place of Business
**2221 FORSYTH ROAD
UNITS G & H
ORLANDO FL 32807**

Mailing Address
**2221 FORSYTH ROAD
UNITS G & H
ORLANDO FL 32807**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-3194947**
Applied for
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOYER, PAUL V
2627 W STATE ROAD 434
LONGWOOD FL**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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, 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	P MENDOZA, ROMEO M. 20210 MAXIM PARKWAY ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MENDOZA, ZENaida 20210 MAXIM PARKWAY ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DINLASAN, ANGELO 20140 MAXIM PARKWAY ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DINLASAN, EMELITA H. 20140 MAXIM PARKWAY ORLANDO FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **EMELITA H. DINLASAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-01 **407-677-8990**
Date Daytime Phone

CR2E034 (10/00)