

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000058670

1. Entity Name

TIM MOORE PAINTING COMPANY, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90250 034 ***150.00

Principal Place of Business

1717 SW 1ST WAY
#41
DEERFIELD BEACH FL 33441
US

Mailing Address

1717 SW 1ST WAY
#41
DEERFIELD BEACH FL 33441
US

2. Principal Place of Business

1455 RAIL HEAD Blvd.

Suite, Apt. #, etc.

Unit No. 9

City & State

NAPLES, FL

Zip

34110

Country

U.S.A.

3. Mailing Address

Tim Moore Painting Company, Inc.

1455 Rail Head Blvd.

Unit No. 9

Naples, Florida 34110



DO NOT WRITE IN THIS SPACE

FBI Number

65-0438651

Applied For

Not Applicable

Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOORE, TIMOTHY
1717 SW 1ST WAY
41
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

Name

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

1821 Richards Rd

NAPLES

City

Zip Code

34120

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 re-statuting)

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	D	<input type="checkbox"/> Delete
NAME	MOORE, TIM	
STREET ADDRESS	1821 RICHARDS RD	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MOORE JACKIE	
STREET ADDRESS	1821 RICHARDS RD	
CITY-ST-ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: Jacquelyn K. Moore, JACQUELYN MOORE 4/19/01 941-593-3323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)