

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90087 025 ***150.00

DOCUMENT # P93000062593

1. Entity Name

A & S PAINT SPECIALTY CONTRACTORS, INC.

Principal Place of Business

RT 12 BOX 160
OAKLANE
LAKE CITY FL 32025
US

Mailing Address

RT 12 BOX 160
OAKLANE
LAKE CITY FL 32025
US

2. Principal Place of Business

2602 SEMINOLE COURT

Suite, Apt. #, etc.

3. Mailing Address

2602 SEMINOLE COURT

Suite, Apt. #, etc.

City & State

LAKE CITY FL.

City & State

LAKE CITY FL.

Zip

32055

Country

COLUMBIA

Zip

32055

Country

COLUMBIA

4. FEI Number

59-3203951

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

Name

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

City

LAKE CITY FL

Zip 32055

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	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, DEKOVEN R	
STREET ADDRESS	ROUTE 12, BOX 64-C	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, MICHAEL D	
STREET ADDRESS	ROUTE 12, BOX 160	
CITY-ST-ZIP	LAKE CITY FL 32025	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, DEWEY H	
STREET ADDRESS	2602 SEMINOLE COURT	
CITY-ST-ZIP	LAKE CITY FL 32055	
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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STREET ADDRESS		
CITY-ST-ZIP		
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:

MICHAEL D. ADAMS

3-08-01

804.752.7493

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)