

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000068610**

1. Entity Name

COLORTEK PAINTING, INC.**FILED****Jan 18, 2001 8:00 am**
Secretary of State

01-18-2001 90007 001 ***150.00

0066414

Principal Place of Business
PMB SUITE 298
5100 WEST COLONIAL DR
ORLANDO FL 32808

Mailing Address
PMB SUITE 298
5100 WEST COLONIAL DR
ORLANDO FL 32808

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3245348**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

VALDEZ, PAUL A
6381 CONROY RD, APT. 1804
ORLANDO FL 32835

PAUL A. VALDEZ
4957 Walden Circle
Orlando, Florida 32811

7. Name and Address of New Registered Agent

Name **VALDEZ, PAUL A.**
Street Address (P.O. Box Number is Not Acceptable)

4957 WALDEN CIRCLE
City **ORLANDO** FL Zip Code **32811**

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 **P** ☐ Delete
NAME **VALDEZ, PAUL**
STREET ADDRESS **6381 CONROY RD APT 1804**
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **VALDEZ, PAUL A.**
STREET ADDRESS **4957 WALDEN CIRCLE**
CITY-ST-ZIP **ORLANDO, FL 32811**

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

TITLE ☐ Change ☐ Addition
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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 full other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)