

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P93000077401

1. Entity Name

BRYAN'S AUTO PAINTING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-05-2000 90083 032 ***150.00

Principal Place of Business

Mailing Address

3042 HWY 27 S
LAKE WALES FL 33853

3042 HWY 27 S
LAKE WALES FL 33853

TAXPAYABLE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3213655

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HULSEY, BRYAN
5430 LAKE BUFFUM RD
LAKE WALES FL 33853

7. Name and Address of New Registered Agent

Name

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

City

FL

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing: ☐ \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME DP
STREET ADDRESS HULSEY, BRYAN
CITY-ST-ZIP 5430 LAKE BUFFUM RD
LAKE WALES FL 33853

TITLE ☐ Delete
NAME DST
STREET ADDRESS HULSEY, GAIL
CITY-ST-ZIP 5430 LAKE BUFFUM RD
LAKE WALES FL 33853

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ 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 reports 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Certified
LAKE WALES, FL 33853
59-0573574
Bryan J Hulsey
MAR 04 2000
863 638-2374