

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000080311

1. Entity Name

TROY PAYNE RESTORATION AND INTERIORS, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90121 001 ***300.00

Principal Place of Business

Mailing Address

625 49TH ST. N
ST PETERSBURG FL 33710 *change*

PO BOX 15489
ST PETERSBURG FL 33733-5489

2. Principal Place of Business

4367 50th Place S
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St Petersburg, FL
Zip 33711- Pineellas

City & State

Zip Country

4. FEI Number 59-3222319

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

PAYNE, D T JR
6326 BANANA SHORES
ST PETERSBURG FL 33705 *address change 4367 50th Place S St Petersburg, FL 33711*

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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME PAYNE, D T JR *change*
STREET ADDRESS 6326 BANANA SHORES *4367 50th Place S*
CITY-ST-ZIP ST PETERSBURG FL 33705 *St Pete, FL 33733*

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

TITLE
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CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00

727-865-0268

Date Daytime Phone #

CR2E034 (9/99)