

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000028229

1. Entity Name

MANDARIN PAINT & FLOORING, INC.

Principal Place of Business

10210 SAN JOSE BLVD.
JACKSONVILLE FL 32257

Mailing Address

C/O CONTEMPORARY BUSINESS SERVICES
4070 HERSCHEL, SUITE 3
JACKSONVILLE FL 32210

2. Principal Place of Business

Same

3. Mailing Address

10210 San Jose Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, FL 32257

City & State

City & State

Zip

Country

Zip

Country

32257

Duval

4. FEI Number 59-3236101

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORD, ROBERT A
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name J. HOWARD SHEFFIELD, P.A.

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

4209 BAYMEADOWS ROAD, SUITE 4

City JACKSONVILLE.

FL

Zip Code 32210

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 D
NAME PUTALA, MICHAEL J
STREET ADDRESS 10210 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D, P, S
NAME MICHAEL E. DOYLE
STREET ADDRESS 10210 SAN JOSE BLVD.
CITY-ST-ZIP JACKSONVILLE, FLORIDA 32257 ☒ Change ☐ Addition

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

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

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

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

TITLE
NAME
STREET ADDRESS
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 in all other like empowered.

SIGNATURE:

Michael E Doyle

3-15-01

(904) 262-0728

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90481 014 ***150.00

00026837



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)