

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000031434

1. Entity Name

VIP PAINTING, INC.

**FILED**  
**Feb 13, 2000 8:00 am**  
**Secretary of State**

02-13-2000 90017 021 \*\*\*158.75

Principal Place of Business

Mailing Address

11540 WILES ROAD  
BAY 5  
CORAL SPRINGS FL 33076

11540 WILES ROAD  
BAY 5  
CORAL SPRINGS FL 33076-2119

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0488170

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALDWELL, ALEX  
2970 NW 69TH AVENUE  
MARGATE FL 33063

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 PD ☐ Delete  
NAME CALDWELL, JAMES A  
STREET ADDRESS 2970 NW 68 AVE  
CITY-ST-ZIP MARGATE FL 33065

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

TITLE V ☐ Delete  
NAME STUART, KEITH  
STREET ADDRESS 4722 NW 4 STREET  
CITY-ST-ZIP DEERFIELD BEACH FL 33442

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

TITLE VD ☐ Delete  
NAME CALDWELL, MICHELLE  
STREET ADDRESS 2970 NW 68 AVENUE  
CITY-ST-ZIP MARGATE FL 33063

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

TITLE S ☐ Delete  
NAME BUNTING, KATHRYN A  
STREET ADDRESS 3103 CORAL RIDGE DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33076

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

TITLE T ☐ Delete  
NAME SCHIAPO, ROSEMARY  
STREET ADDRESS 5379 NW 80 SRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33067

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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 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 life empowered.

SIGNATURE:

*James A. Caldwell*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James A. Caldwell, President

2/11/00 954-344-4413

Daytime Phone #

CR2E034 (9/99)