

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90340 023 \*\*\*150.00

0140197

**DOCUMENT # P94000031434**

1. Entity Name

**VIP PAINTING, INC.**

Principal Place of Business

**11540 WILES ROAD  
 BAY 5  
 CORAL SPRINGS FL 33076**

Mailing Address

**11540 WILES ROAD  
 BAY 5  
 CORAL SPRINGS FL 33076**

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 **65-0488170**

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

**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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☐ Change ☒ Addition  
 NAME **S**  
 STREET ADDRESS **Caldwell, Michelle**  
 CITY-ST-ZIP **2970 NW 68 Avenue  
 Margate, FL 33065**

TITLE ☐ Delete  
 NAME **T**  
 STREET ADDRESS **SCHIAPO, ROSEMARY**  
 CITY-ST-ZIP **5379 NW 60 DRIVE  
 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

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 like empowered.

**James A. Caldwell**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/13/01**

**954-344-4413**

Date

Daytime Phone #

CR2E034 (10/00)