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## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jul 10, 2001 8:00 am **Secretary of State** DOCUMENT # P94000091630 06-20-2001 90014 049 \*\*\*150.00 TERRY MANTHEI PAINTING, INC. 07-10-2001 90119 029 \*\*\*400.00 Principal Place of Business Mailing Address 1747 ENGLEWOOD AVENUE 1747 ENGLEWOOD AVENUE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3289124 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7.. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent MANTHEI, TERRY Street Address (P.O. Box Number is Not Acceptable) 1747 ENGLEWOOD AVENUE TARPON SPRINGS FL 34689 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition ☐ Change TITLE ☐ Detete TITLE NAME NAME MANTHEI, TERRY STREET ADDRESS STREET ADDRESS 1747 ENGLEWOOD AVENUE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY:ST-ZIP" ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 6-14-2001 SIGNATURE: