

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000822

1. Entity Name

MARCRUM'S PAINTING & PRESSURE CLEANING, INC. *R*

FILED
Jul 21, 2000 8:00 am
Secretary of State

07-21-2000 90151 019 ***150.00

Principal Place of Business

1749 SW 13TH ~~COURT~~ *Place*
BOCA RATON FL 33486

Mailing Address

1749 SW 13TH ~~COURT~~ *Place*
BOCA RATON FL 33486

2. Principal Place of Business

1749 S.W. 13th Place

3. Mailing Address

1749 S.W. 13th Place

Suite, Apt. #, etc.

Boca Raton, FL

Suite, Apt. #, etc.

Boca Raton, FL

City & State

33486 Palm Beach

City & State

33486 Palm Beach

Zip

Country

Zip

Country

4. FEI Number

65-0549360

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

Name

SEIF, DAVID T.
200 S PARK ROAD
SUITE 310
HOLLYWOOD FL 33021

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **D**
STREET ADDRESS **MARCRUM, DOUGLAS**
CITY-ST-ZIP **1749 SW 13TH PLACE**
BOCA RATON FL 33486

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

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

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.

SIGNATURE:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 (561) 347-2882
Date Daytime Phone #

CR2E034 (5/00)

... P95000000822

July 17, 2000
AD068914

To whom it may concern:

You printed our address wrong, and because of that we never received the first notice. This is the first report form I have received. I have corrected our address, and I am enclosing the original fee of \$ 150.00.

If there are any problems, please call me at (561) 347-2882.

Thank you,

Kelly Marcrum