

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000002941

1. Entity Name

MOUNTAINEER PAINTING INC.

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90061 037 ***150.00

Principal Place of Business

Mailing Address

254 SE KASPER DRIVE
PT. ST. LUCIE FL 34983
US

254 SE KASPER DRIVE
PT. ST. LUCIE FL 34984-5019
US

00002009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

243 SW. Statler Ave.

243 SW. Statler Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie FLA.

City & State

PSL FLA.

4. FEI Number

65-0534200

Applied For

Not Applicable

Zip

34984

Country

USA

Zip

34984

Country

USA

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

KEPHART, DALE

254 SE KASPER DRIVE

PT. ST. LUCIE FL 34983

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

Dale L. Kephart

proprietor

1-5-00

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		<input type="checkbox"/> Delete
NAME	D	
STREET ADDRESS	KEPHART, DALE	
CITY-ST-ZIP	254 SE KASPER DRIVE	
	PT. ST. LUCIE FL 34984	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Dale L. Kephart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-5-00

Daytime Phone #

1-561-340-5020

CR2E034 (9/99)