

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90300 010 ***150.00

838389

DOCUMENT # P95000006039
 1. Entity Name
BILL SOLL PAINTING INC.

Principal Place of Business Mailing Address
4616 SKYLINE BLVD **4616 SKYLINE BLVD**
SUITE 208 **SUITE 208**
CAPE CORAL **CAPE CORAL**
FL 33914 **FL 33914**

2. Principal Place of Business 3. Mailing Address
4616 SKYLINE BLVD **4616 SKYLINE BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
208 **208**
 City & State City & State
CAPE CORAL FL **CAPE CORAL FL**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3290340 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
WILLIAM P SOLL JR
4616 SKYLINE BLVD
SUITE 208
CAPE CORAL
FL 33914

7. Name and Address of New Registered Agent
 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 _____ (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

TITLE PRESIDENT <input type="checkbox"/> Delete	NAME WILLIAM P SOLL	STREET ADDRESS 4616 SKYLINE BLVD-SUITE 208	CITY-ST-ZIP CAPE CORAL FL 33914
TITLE SECRETARY-TREASURER <input type="checkbox"/> Delete	NAME CHARLOTTE SOLL	STREET ADDRESS 4616 SKYLINE BLVD SUITE 208	CITY-ST-ZIP CAPE CORAL FL 33914
TITLE _____ <input type="checkbox"/> Delete	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Delete	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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: *William Soll Jr* **April 14-2000 (941)542-1306**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)