

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90084 037 ***150.00

DOCUMENT # **P95000024313** ✓

1. Entity Name

JOHN MCCANDLESS PAINTING INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6134 ADKINS AVE

3. Mailing Address

JOHN MCCANDLESS PAINTING INC.

Suite, Apt. #, etc.

NAPLES, FL

Suite, Apt. #, etc.

6134 ADKINS AVE

City & State

City & State

NAPLES FL

Zip

34112

Country

COLLIER

Zip

34112

Country

COLLIER

DO NOT WRITE IN THIS SPACE

4. FEI Number

650598298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

JOHN MCCANDLESS PAINTING INC.

Street Address (P.O. Box Number is Not Acceptable)

6134 ADKINS AVE

City

NAPLES

FL

Zip Code

34112

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
JOHN MCCANDLESS
6134 ADKINS AVE
NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MADONNA L. OPP
6134 ADKINS AVE
NAPLES, FL 34112**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

John McCandless

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

41-15-00 239-860-9620

Date

Daytime Phone #

CR2E034B (12/01)