

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000025373

1. Entity Name
BILL KRAUSE & SON PAINTING, INC.

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90043 001 ***150.00

Principal Place of Business
**14827 WHATLEY ROAD
DELRAY BEACH FL 33445**

Mailing Address
**14827 WHATLEY ROAD
DELRAY BEACH FL 33445**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1941132**

Applied For
Not Applicable

6. Name and Address of Current Registered Agent
**KRAUSE, BARBARA M
14827 WHATLEY ROAD
DELRAY BEACH FL 33445**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	PD KRAUSE, WILLIAM H 14827 WHATLEY ROAD DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAUSE, BARBARA M 14827 WHATLEY ROAD DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 other like empowered.

SIGNATURE: *Barbara M. Krause* **BARBARA M. KRAUSE** 7-18-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Antiquing
Refinishing

Bill Krause
Painting & Wallpapering

14827 WHATLEY ROAD
DELRAY BEACH, FLORIDA 33445
PHONE: 278-8826 (561) 498-7800

Attachment
DH# 29500025323
DW74940



7-18-00

Gentlemen,

I'm very sorry this payment
is late, I never received the first
notice so I would have surely paid
it on time. Enclosed is check for
\$150.00 hopefully you except this
as it was not my fault.
Thank you so much.

Sincerely
Barbara Krause