## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 21, 2000 8:00 am DOCUMENT # P95000028465 Secretary of State AHI PAINTING, INC. 02-21-2000 90008 046 \*\*\*150.00 Mailing Address Principal Place of Business P.O. BOX 151623 6110 N GLEN AVENUE TAMPA FL 33684-1623 TAMPA FL 33614 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3299883 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GABRIELLA E SVOBODA Street Address (P.O. Box Number is Not Acceptable) 6110 N GLEN AVE SUITE 206 6110 N. GLEN AVE **TAMPA FL 33614** 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 2-14-00 SIGNATUR FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE Change TITLE SVOBODA, ZDENEK A NAME NAME 6110 N GLEN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33614 ☐ Addition **PSTD** Change TITLE ☐ Delete **GABRIELLA SVOBODA** NAME NAME STREET ADDRESS 6110 N GLEN AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Change Addition ☐ Delete TITLE TITLE BETTIS, JAMES NAME NAME 3600 FOX RIDGE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33543 Addition C Oelete TITLE Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

- Gabriella E. Acosta Symboda (813) 876-411