2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000030770**

1. Entity Name
CARROLL MAY PAINTING, INC.

Principal Place of Business	Mailing Address
5266 PINTO WAY	5266 PINTO WAY
ORLANDO FL	ORLANDO FL
32810 US	32810 US

2. Principal Place of Business	3. Mailing Address
3000 CLARCONA RD. # 1102	3000 CLARCONA RD. #1102
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: APOPKA FL	City & State: APOPKA FL
Zip: 32703 Country: US	Zip: 32703 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3310986 ☐ Applied For ☐ Not Applicable

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
MAY CARROLL	Name: MAY CARROLL
5266 PINTO WAY	Street Address (P.O. Box Number is Not Acceptable): 3000 CLARCONA RD. #1102
ORLANDO FL	City: APOPKA FL Zip Code: 32703
32810 US	

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 ____________ 04/29/2001
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, 2001 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	DV	☐ Delete	TITLE	DV	☒ Change ☐ Addition
NAME	BONNIE MAY		NAME	BONNIE MAY	
STREET ADDRESS	5266 PINTO WAY		STREET ADDRESS	3000 CLARCONA RD. #1102	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	DP	☐ Delete	TITLE	DP	☒ Change ☐ Addition
NAME	CARROLL MAY		NAME	CARROLL MAY	
STREET ADDRESS	5266 PINTO WAY		STREET ADDRESS	3000 CLARCONA RD. # 1102	
CITY-ST-ZIP	ORLANDO FL		CITY-ST-ZIP	APOPKA FL 32703	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Carroll L. May DP 04/29/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/00)