

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000036180**

1. Entity Name

**EWING PROFESSIONAL PAINTING & PAPERING, INC.****FILED****Apr 29, 2000 8:00 am**  
**Secretary of State**

04-29-2000 90005 018 \*\*\*150.00

A0043465



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4230 BERKSHIRE DR  
SARASOTA FL 342414230 BERKSHIRE DR  
SARASOTA FL 34241-5915

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number **65-0576055**

Applied For

Not Applicable

Zip

Country

Zip

Country

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****EWING, BRUCE D**  
**4230 BERKSHIRE DR**  
**SUITE 9**  
**SARASOTA FL 34241**

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

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, 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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **DP** ☐ Delete  
NAME **EWING, D. BRUCE**  
STREET ADDRESS **4230 BERKSHIRE DR**  
CITY-ST-ZIP **SARASOTA FL 34241**TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIPTITLE ☐ Delete  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**D. Bruce Ewing President****4-20-2000 941-371-2246**