2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # **P95000038749** Jan 28, 2000 8:00 am Secretary of State 1. Entity Name DYAL PAINTING CONTRACTORS, INC. 01-28-2000 90201 027 ***150.00 Mailing Address Principal Place of Business 4307 LEWIS AVENUE 4307 LEWIS AVENUE SEBRING FL 33872-5134 SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0619376 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Onal DYAL, DONALD O Street Address (P.O. Box Number is Not Acceptable) 4612 LEWIS AVENUE SEBRING FL 33872 tity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named SIGNATURE 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 - **X** = Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE TITLE Delete DYAL, BENNY O NAME NAME STREET ADDRESS STREET ADDRESS PO BOX 1464 CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056-1464 ☐ Addition ☐ Change ☐ Delete DYAL, EVELYN G NAME NAME STREET ADDRESS PO BOX 1464 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32056-1464 ☐ Change ☐ Addition Delete TITLE TITLE DYAL, DONALD NAME NAME 4307 LEWIS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL CITY-ST-ZIP Change ■ Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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 his 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 officer like empowered.