

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042862

1. Entity Name

CLASS ACT PAINTING & DECORATING, INC.

FILED

Jan 12, 2000 8:00 am  
Secretary of State

01-12-2000 90022 003 \*\*\*150.00

Principal Place of Business

Mailing Address

1540 SW 106TH TERR  
DAVIE FL 33324  
US

1540 SW 106TH TERR  
DAVIE FL 33324-7165  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0588623

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

SAVAGE, CRAIG D  
701 N.E. 167TH STREET  
SUITE 302-A  
NORTH MIAMI BEACH FL 33162

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 PD  
NAME GEHRMAN, NELON  
STREET ADDRESS 1540 SW 10TH TERR  
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE VDD  
NAME GEHRMAN, NELSON  
STREET ADDRESS 1540 SW 106TH TERR  
CITY-ST-ZIP DAVIE FL 33324 ☐ Delete

TITLE  
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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 all other like empowered.

Nelson Gehrmann

SIGNATURE:

Nelson Gehrmann

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-00

Date

954-423-9288

Daytime Phone #