

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0107187 AV

DOCUMENT # **P95000048409**

1. Entity Name
BOB HOENINGHAUSEN PAINTING, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 OCT 23 AM 8:00

Principal Place of Business
**2422 N. WESTWOOD DR.
N. FORT MYERS FL 33917**

Mailing Address
**6007 HOLLOW DR.
NAPLES FL 34112**

2. Principal Place of Business

3. Mailing Address
3636 EL SEGUNDO CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
NAPLES, FL

Zip

Country

Zip

Country

34109

USA

4. FEI Number **65-0599548**

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

**ATON, KIM
6007 HOLLOW DR.
NAPLES FL 34112**

Name **KIM ATON**

Street Address (P.O. Box Number is Not Acceptable)
3636 EL SEGUNDO CT.

City **NAPLES**

FL

Zip Code
34109

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KIM ATON**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9-9-03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
HOENINGHAUSEN, ROBERT D
2422 N. WESTWOOD DR.
N. FORT MYERS FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100022929191
09/10/03--01050--001 **250.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
HOENINGHAUSEN, DAWN K
2422 N. WESTWOOD DR.
N. FORT MYERS FL 33917** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100022929191
09/10/03--01050--002 **250.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100022929191
10/23/03--01019--001 **50.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DAWN HOENINGHAUSEN

239-

SIGNATURE: **DAWN HOENINGHAUSEN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECY. 9/10/03 218-3889

Date Daytime Phone #

CR2E034 (4/03)