

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000072104

1. Entity Name

COLOR MASTER INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90612 008 ***150.00

Principal Place of Business

Mailing Address

9257 LARETTE DR.
ORLANDO FL 32817

9257 LARETTE DR.
ORLANDO FL 32812-3623

2. Principal Place of Business

3. Mailing Address

4215 Bell Tower CT
Suite, Apt. #, etc.

4215 Bell Tower CT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Belle ISLE FL

City & State

Belle ISLE FL

4. FEI Number

59-3336028

Applied For

Not Applicable

Zip

Country

32812

ORANGE

Zip

Country

32812

ORANGE

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

LOHMAN, ERIC

9257 LARETTE DRIVE 4215 Bell Tower CT
ORLANDO FL 32817 Belle ISLE FL 32812

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 Eric L. Lohman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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 ☐ Delete
NAME D
STREET ADDRESS LOHMAN, ERIC
CITY-ST-ZIP 9257 LARETTE DR. 4215 Bell Tower CT
ORLANDO FL 32817 Belle ISLE FL 32812

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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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: Eric L. Lohman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 316-6216

CR2E034 (9/99)