

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000079453

1. Entity Name

COLOR WORLD PAINTING, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90075 031 ***150.00

Principal Place of Business

7213 DAVENPORT LANE
SPRING HILL FL 34606

Mailing Address

7213 DAVENPORT LANE
SPRING HILL FL 34606-6348

2. Principal Place of Business

7283 Radcliff St.
Suite, Apt. #, etc.

3. Mailing Address

7283 Radcliff St.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Spring Hill FL

City & State

Spring Hill FL

4. FEI Number

65-0626175

Applied For

Not Applicable

Zip

34606

Country

USA

Zip

34606

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANSON, LOREN
7213 DAVENPORT LANE
SPRING HILL FL 34606

7. Name and Address of New Registered Agent

Name

Manson, Loren

Street Address (P.O. Box Number is Not Acceptable)

7283 Radcliff St.

City

Spring Hill

FL

Zip Code

34606

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]

Loren Manson

4/26/00

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	MANSON, LOREN M	
STREET ADDRESS	7213 DAVENPORT LANE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE	D	<input type="checkbox"/> Delete
NAME	MANSON, PATRICIA M	
STREET ADDRESS	7213 DAVENPORT LANE	
CITY-ST-ZIP	SPRING HILL FL 34606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manson, Loren	
STREET ADDRESS	7283 Radcliff St.	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manson, Loren	
STREET ADDRESS	7283 Radcliff St.	
CITY-ST-ZIP	Spring Hill FL 34606	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]

Loren Manson

4/26/00

352

277-7582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)