## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # P95000095775** PROMONT PAINTING CONTRACTORS, INC. 03-22-2001 90068 041 \*\*\*150.00 Mailing Address Principal Place of Business 9715 W BROWARD BLVD 9715 W BROWARD BLVD **STE 337 STE 337** PLANTATION FL 33324 PLANTATION FL 33324 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0652242 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired **Fee Required** 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DUMONT, MICHAEL R Street Address (P.O. Box Number is Not Acceptable) 9715 W BROWARD BLVD **STE 337** PLANTATION FL 33324 Zip Code FL 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) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE TID F DUMONT, MICHAEL R. NAME NAME STREET ADDRESS 9715 W BROWARD BLVD STE 337 STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ... Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITÝ-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP whis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supply indicated on this report or supplementa of the corporation or the receiver or true changed, or on an attachment with a with all SIGNATURE: Davtime Phone # SIGNATURE ND TYPED OR PRINTEO NAME OF SIGNING OFFICER OR DIRECTOR