

# 2000 UNIFORM BUSINESS REPORT (UBR)

2/

DOCUMENT # P96000028327

1. Entity Name

MCKENZIE PAINTING CO.

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

02-22-2000 90028 041 \*\*\*150.00

Principal Place of Business

Mailing Address

212 MISSISSIPPI WOODS LANE  
ORLANDO FL 32824

212 MISSISSIPPI WOODS LANE  
ORLANDO FL 32824-8687

2. Principal Place of Business

3. Mailing Address

6011 ANNO AVE  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

ORLANDO, FL  
City & State

City & State

32809  
Zip

Country  
US

Zip

Country

4. FEI Number

59-3372000

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

MCKENZIE, BRIAN  
212 MISSISSIPPI WOODS LN  
ORLANDO FL 32824

BRIAN MCKENZIE  
Street Address (P.O. Box Number is Not Acceptable)  
6011 ANNO AVE  
ORLANDO, FL 32809  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCKENZIE, BRIAN  
212 MISSISSIPPI WOODS LANE  
ORLANDO FL 32824 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
BRIAN MCKENZIE  
6011 ANNO AVE  
ORLANDO, FL 32809 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

Brian McKenzie

02-16-00

Date

407-742-8329

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)