

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053839

1. Entity Name

R.E. DOOT PAINTING, INC.

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90169 009 ***150.00

Principal Place of Business

10214 DEER LANE
NEW PORT RICHEY FL 34654

Mailing Address

10214 DEER LANE
NEW PORT RICHEY FL 34654

818143



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2123 Bayou Dr

3. Mailing Address

2123 Bayou Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Holiday FL

City & State

Holiday FL

4. FEI Number 59-3386681

Applied For

Not Applicable

Zip

34691

Country

Pasco

Zip

34691

Country

Tasco

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOOT, RICHARD E
10214 DEER LANE
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name

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

2123 Bayou Dr

City

Holiday

FL

Zip Code

34691

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]

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, 2001 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 P ☐ Delete
NAME DOOT, RICHARD E
STREET ADDRESS 10214 DEER LANE
CITY-ST-ZIP NEW PORT RICHEY FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME 2123 Bayou Dr.
STREET ADDRESS Holiday, FL 34691
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-01 727-992-2708

CR2E034 (10/00)