

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000066654

1. Entity Name

MOBILE PAINT MASTERS INC.

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

04-24-2000 90198 002 ***150.00

Principal Place of Business

Mailing Address

2561 LOCHMORE ROAD
WEST PALM BEACH FL 33407
US

2561 LOCHMORE ROAD
WEST PALM BEACH FL 33407-1303
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0736486

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WARD, JONATHAN A
5619 DEWBERRY WAY
WEST PALM BEACH FL 33415

Name

JONATHAN A. WARD

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

2561 LOCHMORE RD

City

W.P.B. FL.

FL

Zip Code

33407

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, 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 P
STREET ADDRESS WARD, JONATHAN A
CITY-ST-ZIP 5619 DEWBERRY WAY
WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2561 LOCHMORE RD
CITY-ST-ZIP W.P.B. FL 33407

TITLE ☐ Delete
NAME V
STREET ADDRESS WARD, DANAE J
CITY-ST-ZIP 5619 DEWBERRY WAY
WEST PALM BEACH FL 33415

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 2561 LOCHMORE RD
CITY-ST-ZIP W.P.B. FL 33407

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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] JONATHAN A. WARD
PRES.

4/18/00 561-848-1895

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)