

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073236

1. Entity Name

ANTHONY PAINTING & WATERPROOFING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90024 030 ***150.00

Principal Place of Business

5216 DEESON ROAD
 LAKELAND FL 33810

Mailing Address

P.O. BOX 511
 KATHLEEN FL 33849-0511

2. Principal Place of Business

174B WALKER RD

3. Mailing Address

P O BOX 511

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 LAKELAND FL

City & State
 KATHLEEN FL

4. FEI Number 59-3407084

Applied For
 Not Applicable

Zip
 33810

Country
 USA

Zip
 33849

Country
 USA

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

ANTHONY, PAMELA
 5216 DEESON ROAD
 LAKELAND FL 33810

Name

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

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

Pamela K. Anthony

PAMELA ANTHONY

4/24/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

PRESIDENT

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
 DPST
 ANTHONY, PAMELA
 5216 DEESON ROAD
 LAKELAND FL 33810 ☐ Delete

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

TITLE
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 CITY-ST-ZIP
 V
 ANTHONY, TERRY L
 5216 DEESON RD.
 LAKELAND FL 33810 ☐ Delete

TITLE
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 CITY-ST-ZIP
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 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:

Pamela K. Anthony
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMELA K. ANTHONY
 PRESIDENT 4/24/00

Date

Daytime Phone #

863-853-3144

CR2E034 (9/99)