

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90381 008 ***150.00

DOCUMENT # P96000081659

1. Entity Name

REGAL PAINTING OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

1017 CHESTERFIELD CIRCLE
 WINTER SPRINGS FL 32708

1017 CHESTERFIELD CIRCLE
 WINTER SPRINGS FL 32708-4711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Seminole

Seminole

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCNAIR, CRAIG D MR.
 MCNAIR AND ASSOCIATES, P.,A.
 1250 S. U.S. HIGHWAY 17-92, SUITE 250
 LONGWOOD FL 32750

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

Peter D. Pelletier

(NOTE: Registered Agent signature required when reinstating)

DATE

2-1-00

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	P T	<input type="checkbox"/> Delete
NAME	PELLETIER, PETER	
STREET ADDRESS	1017 CHESTERFIELD CIRCLE	
CITY-ST-ZIP	WINTER SPRINGS FL 32708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Peter D. Pelletier Peter D. Pelletier

Date

Daytime Phone #

2-1-00 688-8498

CR2E034 (9/99)