

2000 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Apr 28, 2000 8:00 am
Secretary of State

02-16-2000 90038 011 ***150.00

DOCUMENT # P97000013157

1. Entity Name

DAVID GUTHRIE'S PAINTING, INC.

Principal Place of Business 9091 SEAFAIR LANE TALLAHASSEE FL 32310	Mailing Address 9091 SEAFAIR LANE TALLAHASSEE FL 32311-8188
--	---

2. Principal Place of Business <i>Home Office 9091 seaFair Ln</i>	3. Mailing Address <i>9091 SeaFair lane</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <i>TALLAHASSEE FLA</i>	City & State <i>TALLAHASSEE FLA</i>	4. FEI Number 59-3425912	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32311</i>	Country <i>America</i>	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GUTHRIE, DAVID D 9091 SEAFAIR LANE TALLAHASSEE FL 32310	7. Name and Address of New Registered Agent 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GUTHRIE, DAVID D		NAME	
STREET ADDRESS 9091 SEAFAIR LANE		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32310		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *David D Guthrie* Date: *3/16/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)