

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90077 020 \*\*\*150.00

**DOCUMENT # P97000013157**

1. Entity Name  
**DAVID GUTHRIE'S PAINTING, INC.**

Principal Place of Business Mailing Address  
**9091 SEAFAIR LANE 9091 SEAFAIR LANE**  
**TALLAHASSEE FL 32311 TALLAHASSEE FL 32311**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**9091 SeaFair Lane**  
 Suite, Apt. #, etc.  
 City & State  
**TALL FLA**

3. Mailing Address  
**9091 SeaFair Lane**  
 Suite, Apt. #, etc.  
 City & State  
**TALL FLA**

4. FEI Number **59-3425912** Applied For  
 Not Applicable

Zip Country Zip Country  
**32317 America 32317 America**

5. Certificate of Status Desired  **\$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 **DAVID D GUTHRIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**9091 Sea Fair Lane**  
 City **TALLAHASSEE** FL Zip Code **32317**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GUTHRIE, DAVID D</b> <b>9091 SEAFAIR LANE</b> <b>TALLAHASSEE FL 32317</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T = Glenn Scott</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>2625 MayFair Rd</b> <b>TALLAHASSEE FL 32303</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S = William Gray</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>189 Chittling</b> <b>Montacello FL 32344</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIGNATURE OF DAVID D GUTHRIE II 1/9/02 (850)566-1071**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)