

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000018119

1. Entity Name

SUPERIOR PAINTING SERVICES, INC.

06-19-2000 90003 017 ***150.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 20 AM 8:15

Principal Place of Business

Mailing Address

4411 BAY AVENUE WEST
TAMPA FL 33616

4411 BAY AVENUE WEST
TAMPA FL 33616-1001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3429885

Applied For

Not Applicable

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

AMERILAWYER-CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number's 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

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 NAME STREET ADDRESS CITY-STATE-ZIP	PSTD LINARDIC, GEORGE 4411 BAY AVENUE WEST TAMPA FL 33616	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-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:

George Linardic George Linardic

2-2-2001 1-813-839-4545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2031 (9/98)

**Superior Painting Services, Inc.
4411 Bay Avenue W
Tampa, Florida 33616-1001**

July 7, 2000

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: Superior Painting Services, Inc.

Reference Number: P97000018119

Please be advised that my annual report/uniform business report was returned to me, with the attached letter.

Per this letter additional information is need to process the report. I placed a phone call to your office to inquire what information was still needed to process my annual report. As per my conversation with your representative, It was explained that the balance due, \$400.00, was a late fee that had been assessed. Your representative advised me that the fee may possibly be waived due to certain circumstances.

At the time that my report was due I was working through a messy divorce and I did not have access to the form and forgot about the due date.

It would be much appreciated if you could excuse this oversight on my part and waive the late charges. At this time it would be very difficult to pay the \$400.00, due to all the legal fees recently incurred because of the divorce. Thank you for your consideration in this matter.

Sincerely,



George Linardic