## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # P97000034976 Apr 12, 2000 8:00 am Secretary of State S PAINTING, INC. 04-12-2000 90150 041 \*\*\*150.00 Principal Place of Business Mailing Address 8586 DENISE DR 8586 DENISE DR LARGO FL 33777-2720 LARGO FL 33777 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3442725 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SURLS, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 8586 DENISE DR **LARGO FL 33777** Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition PTD TITLE ☐ Delete TITLE NAME SURLS, ROBERT E NAME STREET ADDRESS STREET ADDRESS 8586 DENISE DR CITY-ST-7IP CITY-ST-ZIP LARGO FL 33777 ☐ Addition ☐ Change TITLE Delete TITLE NAME SURLS, SCOTT M NAME STREET ADDRESS 12260 SEMINOLE BLVD., #9 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33777 Delete TITLE Change ☐ Addition TITLE MCINTOSH, BRUCE NAME NAME STREET ADDRESS 3858 6 AVE., N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL 33713 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Salt Co CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: RECOVER SUPPLIED TO PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Phone #