## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000035464 Aug 31, 2000 8:00 am Secretary of State 1. Entity Name UNITED PAINTING COMPANY OF JACKSONVILLE, INC. 08-31-2000 90099 026 \*\*\*150.00 Principal Place of Business. 6653 POWERS AVE Mailing Address 6653 POWERS AVE 127 Marie #19 JACKSONVILLE FL 32217 JACKSONVILLE FL 32217 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE ... Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number ~ City & State 59-3429913 Not Applicable Country **\$8.75** Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WALKER, MICHAEL D : : . . . Street Address (P.O. Box Number is Not Acceptable) 6653 POWERS AVENUE, #19 JACKSONVILLE FL 32217 Zip Code City 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. 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= -EILE-NOW!!!-FEE-IS-\$550.00---10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition Delete TITI F WALKER, MICHAEL D NAME NAME STREET ADDRESS STREET ADDRESS 6661 PERIWINKLE DR. CITY-ST-ZIP CITY-ST-7iP JACKSONVILLE FL 32244 ☐ Addition ☐ Change ☐ Delete TITLE TITLE HURLEY, MICHAEL W NAME NAME STREET ADDRESS STREET ADDRESS 4462 RIDGEWALK LANE CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-st-zip CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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: 

\*\*SIGNATURE\*\*

\*\*SIGNATURE

DOC#19100035464 DOO82876



7011 AC Skinner Pkwy • Suite 150, Jacksonville, FL 32256 (800) 510-1842 • (904) 296-1842 • Fax (904) 296-1843

To whom it may concern:

I DID not Recieve the First-notice

I call your office and Spoke with

A person in the office They told

me to send you \$150 dollars

And I will not be penelize

THANK YOU

Your Search For Skilled Tradesmen Stops Here.