1072

FOR PROFIT CORPORATION, UNIFORM BUSINESS REPORT (UBR)

			•		
DOCUMENT # P97000	060955				
Dan's Trim Striping, Inc			FILED		
			05 JUL-19 PH 1:31		
DO NOT WRITE IN THIS SPACE			SECONTAIN THE 31		
	- III 11113 3	FACE	SECRETARY OF STATE TALLAHASSEE, FL-ORIOL		
2. Principal Place of Business Avenue 3. Mailing Address 229 Michael Avenue 229 Mychael		1 Avenue.			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
many Esther 1	Mary Esthic	er Fl	FENumber 4S 99 58 Applied Not App		
335 GA 1837A	·32 S69	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required		
		Name	7. Name and Address of Current Registered Agent		
DO NOT WRITE  Street Address P			(P.O. Box Number is Not Acceptable)		
IN THIS S	PACE	Per	Pluce	_	
8. The above named entity submits this statemen	t for the purpose of the same	Pensa	colq FL Ziasade		
8. The above named entity submits this statemen	rior the purpose of changing its	registered office or registi	ered agent, or both, in the State of Florida		
SIGNATURE Signature, typed or printed name of registered ag		E Registered Agent signature require	Pd when reinslating) DATE	-	
Tax filing requirement and elects to do so.  After May 1  Amended		lay 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25	10. Election Campaign Financing \$5.00 May	y Be	
	Make Check Payab	le to Department of St	Trust Fund Contribution. Added to Fed	es	
TITLE DOT		THTLE	2000000000	= le	
NAME 139 gge Ha , Dan STREET ADDRESS 229 Thickael Aug CITY-ST-ZIP Many Esther	E 32569	NAME STREET ADDRESS	300006590423 -07/23/0201045007	CRZE034B (12/01)	
INLE DOPS		TITLE	****150.00 ****150.		
STREET ADDRESS 229 MICHAUL AUG.		NAME STREET ADDRESS	$\sim$	g	
TITLE Mary Esther	ંદ્રા ૩૨૫૧	CITY-ST-ZIP			
NAME STREET ADDRESS		NAME Street address			
CITY-ST-ZIP		CITY-ST-ZIP	DO NOT WRITE		
NAME		STREET ADDRESS	IN THIS SPACE	-	
CITY-ST-ZIP TITLE		CITY-ST-ZIP			
NAME STREET ADDRESS		TITLE NAME	-		
CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
TITLE NAME		TITLE NAME			
STREET ADDRESS CITY-S1-ZIP		STREET ADDRESS CITY-ST-ZIP			
13. I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or training.	h this filing does not qualify for the true and accurate and that my	ne exemption stated in Sec signature shall have the s	ction 119.07(3)(i). Florida Statutes. I further certify that the informatio ame legal effect as if made under oath; that I am an officer or direct	in or	
attachment with an address, with all other like er	mpowered.	s required by Chapter 60	ame legal effect as if made under oath; that I am an officer or direct.  7. Florida Statutes; and that my name appears in Block 11 or on an	"	
SIGNATURE: SIGNATURE AND TYPED OR I	PRINTED NAME OF SIGNING OFFICER OR	DIRECTOR	OS - 27 - 52	_	

₿

20f7

Dan's Trim Striping 229 Michael Avenue Mary Esther, Fl 32569 (850) 581-6732 July 16, 2002

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

Re: Corporation Late Filing Fee P97000060955 Letter # 702A00040470

Dear Barbara Mitchell:

The original corporation papers dated 04-30-02 were filled out and signed by Dan's Trim Striping. A check in the amount of \$150.00 was enclosed.

The check was returned to us with a letter. We filled out the 2 ond form and returned it to your office with the original letter, by the dates requested along with the original check. I filled out all the blanks. I did not fill in 2, 3, and 7. I didn't think you needed that information due to the black letters do not write in this space.

I have enclosed the 2 ond form. The registered agent is the same as in previous years and I have listed him on the form. I am asking that you please waive the \$400.00 late fee.

Sincerely,

Rosanne Baggette

Enclosure