

# 2000 UNIFORM BUSINESS REPORT (UBR)

Amended

6/25

DOCUMENT # P97000078405

1. Entity Name

Steve Jones Painting, Inc

Principal Place of Business

Mailing Address

1063 E. 14th St

SAME

Stuart, FL 34996

2. Principal Place of Business

1063 E. 14th St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Zip

34996

Country

USA

Zip

Country

4. FEI Number

65-0782018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Stephen Jones

1063 E. 14th St

Stuart, FL 34996

7. Name and Address of New Registered Agent

Name

100003327321

Street Address (P.O. Box Number is Not Acceptable)

07/19/00 01021 010  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE President  
NAME Stephen Jones  
STREET ADDRESS 1063 E. 14th St  
CITY-ST-ZIP Stuart, FL 34996

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Vice President  
NAME ALVINO HUERTA  
STREET ADDRESS P.O. Box 1465  
CITY-ST-ZIP INDIANTOWN, FL 34956

☐ Change

☒ Addition

TITLE Secretary  
NAME Innocente M. Roman  
STREET ADDRESS 14914 S.W. Cherokee DR  
CITY-ST-ZIP INDIANTOWN, FL 34956

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☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ 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 and typed or printed name of signing officer or director

STEPHEN B. JONES

6/25/00 (561) 285-2619

Date

Daytime Phone #

CR2E034 (9/99)