

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083524

1. Entity Name

THE PAINT BAR, INC.

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90241 014 ***150.00

Principal Place of Business

Mailing Address

2970 NORTH LAKE BLVD.
FLEMING BEACH GARDENS FL 33405

C/O SUSAN B. NORDONE
8444 IRONHORSE CT.
WEST PALM BEACH FL 33412-2431

2. Principal Place of Business

8444 IRONHORSE CT.

3. Mailing Address

8444 IRONHORSE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

W.P.B.

City & State

FL

City & State

4. FEI Number

65-0784084

Applied For

Not Applicable

Zip

33412

Country

U.S.A.

Zip

Country

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

BERNHARDT, PETER M ESQ
BROAD AND CASSEL
400 AUSTRALIAN AVENUE SOUTH, FIFTH FLOOR
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is 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

Susan B. Nordone President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/6/00

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	D	<input type="checkbox"/> Delete
NAME	NORDONE, SUSAN B	
STREET ADDRESS	8444 IRONHORSE COURT	
CITY-ST-ZIP	WEST PALM BEACH FL 33412	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

Susan B. Nordone

4/6/00

Date

Daytime Phone #

CR2E034 (9/99)