

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000083903

1. Entity Name
C.P. PAINTS, INC.

FILED
Apr 28, 2001 8:00 am
Secretary of State
04-28-2001 90061 001 ***150.00

Principal Place of Business
114 VENUS STREET
JUPITER FL 33458

Mailing Address
114 VENUS STREET
JUPITER FL 33458

001500



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
108 FIRST TERRACE
Suite, Apt. #, etc.

3. Mailing Address
108 FIRST TERRACE
Suite, Apt. #, etc.

City & State
PALM BEACH GARDENS, FL
Zip
33418-3601
Country
USA

4. FEI Number 65-0788297
Applied For
Not Applicable
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

CUILLO, VINCENT JAMES
114 VENUS STREET
JUPITER FL 33458
108 FIRST TERR
P.B.G., FL 33418

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
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, 2001 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	P	☐ Delete
NAME	CUILLO, VINCENT JAMES	
STREET ADDRESS	114 VENUS ST	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	108 FIRST TERRACE	
CITY-ST-ZIP	PALM BCH GDNS, FL 33418	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)