

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084046

1. Entity Name

FLYING COLORS PAINTING, INC.

Principal Place of Business

Mailing Address

911 FOREST STREET NORTHEAST
PALM BAY FL 32907
US

370 E. RIVERA BLVD
INDIALANTIC FL 32903-2821
US

2. Principal Place of Business

3. Mailing Address

218 A E. EAU Gallie Blvd

Suite, Apt. #, etc.

Suite A PMB 91

City & State

INDIAN Harbor Beach

City & State

Zip

32937

Country

U.S.

Zip

Country

4. FEI Number

65-0784845

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

① VENNINGS, THOMAS
370 E. RIVERA BLVD
INDIALANTIC FL 32903

Name

JENNINGS, Thomas

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

370 E. Riviera Blvd

City

INDIALANTIC

FL

Zip Code

32903

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

Thomas Jennings President 3/14/00

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)

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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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENNINGS, THOMAS M 370 E. RIVERA BLVD. INDIALANTIC FL 32903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jennings, Thomas 370 E. Riviera Blvd INDIALANTIC FL 32903	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Richard Straney 1880 Rawdon NW St. Palm Bay FL 32907	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ritchie Hodges 89 N.W. Irwin Ave West Melbourne FL 32904	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MaryAnn Jennings 370 E. Riviera Blvd INDIALANTIC FL 32903	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas Jennings P. 3/14/00 321-725 2805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90046 001 ***155.00



DO NOT WRITE IN THIS SPACE