

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085052

1. Entity Name

PRESTIGE PAPERHANGING, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90190 028 ***150.00

Principal Place of Business

Mailing Address

2123 RIVER REACH DR
STE 482
NAPLES FL 34104
US

2123 RIVER REACH DR
STE 482
NAPLES FL 34104-5207
US

2. Principal Place of Business

3. Mailing Address

2123 RIVER REACH DR.

2123 RIVER REACH DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

482

482

City & State

NAPLES FLA.

City & State

NAPLES FLA

Zip

34104

Country

U.S.A

Zip

34104

Country

U.S.A

4. FEI Number

65-0788273

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

MCCUTCHEON, JOHN T
2123 RIVER REACH DRIVE
UNIT 482
NAPLES, FL 34104

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 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 P ☐ Delete
NAME MCCUTCHEON, JOHN T
STREET ADDRESS 2123 RIVER REACH DRIVE
CITY-ST-ZIP NAPLES FL 34101

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

John T. McCutcheon

Date

Daytime Phone #

4-25-00

941 649

7383

CR2E034 (9/99)