

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085311

1. Entity Name

C.V.F. PAINTING, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90161 024 ***150.00

Principal Place of Business Mailing Address
 1537 Indian Summer Lane 1537 Indian Summer Lane
 Orlando, FL 32825 Orlando, FL 32825

2. Principal Place of Business 3. Mailing Address
 520 Kentia Rd. 520 Kentia Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State City & State
 Casselberry, FL Casselberry, FL

4. FEI Number Applied For
 59-3470520 Not Applicable

Zip Country Zip Country
 32707 32707

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

Heim, Dennis M.
 1537 Indian Summer Lane
 Orlando, FL 32825

Name
 Street Address (P.O. Box Number is Not Acceptable)
 520 Kentia Rd.
 City Casselberry FL Zip 32707

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 Dennis M. Heim DENNIS M. HEIM 4-28-00
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	P	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	Heim, Dennis M.		NAME		
STREET ADDRESS	1537 Indian Summer Lane		STREET ADDRESS	520 Kentia Rd.	
CITY-ST-ZIP	Orlando, FL 32825		CITY-ST-ZIP	Casselberry, FL 32707	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Dennis M. Heim DENNIS M. HEIM 4-28-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR