

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089306

1. Entity Name
CMS PAINTING & HOME IMPROVEMENT INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90356 003 ***150.00

Principal Place of Business
1301 PIPER BLVD.
NAPLES FL 34110

Mailing Address
1301 PIPER BLVD.
NAPLES FL 34110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3475289

Applied For

Not Applicable

Zip

Country

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

~~BONCO, MILAN~~
11096 WINDSONG CIR
202
NAPLES FL 34109

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
NAME P
STREET ADDRESS BONCO, MILAN
CITY-ST-ZIP 11096 WINDSONG CIR., 202
NAPLES FL 34109 ☐ Delete

TITLE
NAME P
STREET ADDRESS MILAN BONCO
CITY-ST-ZIP 1301 Piper Blvd
NAPLES FL. 34110 ☐ Change ☐ Addition

TITLE
NAME VR
STREET ADDRESS STRYCHORZ, TADUSZ
CITY-ST-ZIP 11096 WINDSONG CIR., 202
NAPLES FL 34109 ☐ Delete

TITLE
NAME VP
STREET ADDRESS GABRIE SUGAR
CITY-ST-ZIP 1301 Piper Blvd.
NAPLES FL 34110 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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, without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-23-01 (941) 591 1514

CR2E034 (10/00)