

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103818

1. Entity Name

APPLIED PAINTING, INC.

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

05-17-2000 90913 022 ***150.00

Principal Place of Business

Mailing Address

3904 LANDFALL LANE
JACKSONVILLE BEACH FL 32250

3904 LANDFALL LANE
JACKSONVILLE FL 32224-1868

2. Principal Place of Business

3. Mailing Address

14332 Marsh Hammock Dr
Suite, Apt. #, etc.

14332 Marsh Hammock Dr
Suite, Apt. #, etc.

South
City & State

South
City & State

Jacksonville, FL
Zip Country

Jacksonville, FL
Zip Country

32224

32224

4. FEI Number 59-3483411

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

COPELAND, W. THOMAS
421 N 3RD ST
JACKSONVILLE FL 32250

Name Marvin V. Dupree, CPA

Street Address (P.O. Box Number is Not Acceptable)
1511-C Penman Rd

City Jacksonville Beach FL Zip Code 32250

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 *Marvin V. Dupree, CPA*
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, 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 PD ☒ Delete
NAME BROWN, THOMAS H JR
STREET ADDRESS 731 SELVA LAKES CIRCLE
CITY-ST-ZIP ATLANTIC BEACH FL 32233

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

TITLE STD ☐ Delete
NAME WIDDOWS, LINDA F
STREET ADDRESS 3904 LANDFALL LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14332 MARSH HAMMOCK DR. S.
CITY-ST-ZIP JACKSONVILLE, FL. 32224

TITLE P ☐ Delete
NAME WIDDOWS, ROBERT L
STREET ADDRESS 3904 LANDFALL LANE
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 14332 MARSH HAMMOCK DR. S.
CITY-ST-ZIP JACKSONVILLE, FL. 32224

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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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

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:

Robert L. Widdows
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00
Date

904-9924525
Daytime Phone #

CR2E034 (9/93)