

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000009654**

1. Entity Name

PROFESSIONAL PAINTER SUPPLY, INC.**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90121 037 ***150.00

Principal Place of Business

5001 LOGWAGON ROAD
OCOE FL 34761
US

Mailing Address

5001 LOGWAGON ROAD
OCOE FL 34761
US**00052464**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3096 E. OSCEOLA ROAD

Suite, Apt. #, etc.

3. Mailing Address

3096 E. OSCEOLA ROAD

Suite, Apt. #, etc.

City & State

GENEVA, FLORIDA

City & State

GENEVA, FLORIDA

Zip

32732

Country

SEMINOLE

Zip

32732

Country

SEMINOLE

4. FEI Number **59-3490032**

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

SCHMIDT, ROBERT J

~~3000 NICHOLSON DRIVE~~
~~WINTER PARK FL 32792~~3096 E. OSCEOLA ROAD
GENEVA, FL. 32732

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 State10. 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 **MCWILLIAMS, MARK**
STREET ADDRESS **5001 LOGWAGON ROAD**
CITY-ST-ZIP **OCOE FL 34761**TITLE **P** ☐ Change ☒ Addition
NAME **SCHMIDT, ROBERT J.**
STREET ADDRESS **3096 E. OSCEOLA ROAD**
CITY-ST-ZIP **GENEVA, FL. 32732**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)