

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000011581
Entity Name
CAPITOL PAINTING, INC.

FILED
May 03, 2000 8:00 am
Secretary of State
05-03-2000 90051 039 ***150.00

Principal Place of Business
NARRAGANSETT BAY CT
FL 33414

Mailing Address
11147 NARRAGANSETT BAY CT
WELLINGTON FL 33414-8809
US

Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0811268
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ESPOSITO, RICHARD
2661 LIVINGSTON LANE
WEST PALM BEACH FL 33411-5746

7. Name and Address of New Registered Agent
Name Richard Esposito
Street Address (P.O. Box Number is Not Acceptable) 11147 NARRAGANSETT BAY CT
City Wellington FL Zip Code 33414

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

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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
D ESPOSITO, RICHARD 2661 LIVINGSTON LANE WEST PALM BEACH FL 33411-5746 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	P/T 11147 NARRAGANSETT BAY CT Wellington FL 33414	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D CAMPOS, HAMILTON 2661 LIVINGSTON LANE WEST PALM BEACH FL 33411-5746 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	VP/S 390. Isle CT Palm Beach Gardens FL 33417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Rich Esposito 4-19.00 (Ed) 753-0226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #