

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000017399**

1. Entity Name

F & G PAINTING CORP.**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90075 037 ***150.00

Principal Place of Business

**8419 OAK PARK RD
ORLANDO FL 32819**

Mailing Address

**8419 OAK PARK RD
ORLANDO FL 32819-3240**

00010017



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Orange - Florida

3. Mailing Address

5010 South Sanford Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Sanford Florida 32773

4. FEI Number

65-0818738

Applied For

Not Applicable

Zip

Country

Zip

32773

Country

USA5. 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

**GALLEGO, GLORIA
8419 OAK PARK RD
ORLANDO FL 32819**

Name

Gloria Gallego

Street Address (P.O. Box Number is Not Acceptable)

5010 South Sanford Ave.**Sanford Fl., 32773**

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, 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	<input type="checkbox"/> Delete
NAME	GALLEGO, GLORIA	
STREET ADDRESS	8419 OAK PARK RD	
CITY-ST-ZIP	ORLANDO FL 32819	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis F. Gallego	
STREET ADDRESS	5010 South Sanford Avenue	
CITY-ST-ZIP	Sanford Florida 32773	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]***SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/16/00

Daytime Phone #