

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000018188

1. Entity Name

SCHEUBMAYR PAINT CORP.



**FILED**  
**Sep 12, 2000 8:00 am**  
**Secretary of State**

09-12-2000 90152 042 \*\*\*550.00

Principal Place of Business  
1334 SOUTHEAST 44 TERRACE  
CAPE CORAL FL 33904

Mailing Address  
~~1334 SOUTHEAST 44 TERRACE~~  
~~CAPE CORAL FL 33904~~

2. Principal Place of Business

3. Mailing Address  
1318 Lafayette Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Cape Coral, FL

4. FEI Number 65-0814685

Applied For

Not Applicable

Zip

Country

Zip  
33904

Country  
USA

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

HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL FL 33904

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SCHEUBMAYR, THOMAS  
1334 SOUTHEAST 44 TERRANE  
CAPE CORAL FL 33904 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HILL, THOMAS W  
1318 LAFAYETTE ST  
CAPE CORAL FL 33904 ☐ Delete

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

TITLE  
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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, with all other like empowered.

SIGNATURE:

*Thomas W Hill*  
**THOMAS W HILL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)