

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 09, 2000 8:00 am
Secretary of State

03-15-2000 90045 033 ***150.00

DOCUMENT # P98000034311

1. Entity Name

R.L.R. PAINTING, INC.

Principal Place of Business

1819 WILTON AVENUE
 ORLANDO FL 32805

Mailing Address

1819 WILTON AVENUE
 ORLANDO FL 32805-4458

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

5105 Piccadilly Circus Ct.

Suite, Apt. #, etc.

5105 Piccadilly Circus Ct.

City & State

ORLANDO, FL

City & State

ORLANDO - FL

Zip

32839

Country

USA

Zip

32839

Country

USA

4. FEI Number

59-3502583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

RENSHAW, RICHARD L
1819 WILTON AVENUE
ORLANDO FL 32805

7. Name and Address of New Registered Agent

Name

Renshaw, Richard L

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

5105 Piccadilly Circus Ct

City

ORLANDO

FL

Zip Code

32839

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

TITLE	P	<input type="checkbox"/> Delete
NAME	RENSHAW, RICHARD L	
STREET ADDRESS	1819 WILTON AVENUE	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHILT, CARL W	
STREET ADDRESS	1600 MILLER STREET	
CITY-ST-ZIP	ORLANDO FL 32805	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Renshaw, Richard L	
STREET ADDRESS	5105 Piccadilly Circus Ct	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHILT, CARL W	
STREET ADDRESS	5105 Piccadilly Circus Ct	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)