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

## Mar 15, 2001 8:00 am DOCUMENT # P98000042753 **Secretary of State** TCB PAINTING, INC. 03-15-2001 90185 009 \*\*\*150.00 Principal Place of Business Mailing Address 23 S.E. 13TH STREET 123 S.E. 13TH STREET CAPE CORAL FL 33909 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0836726 Not Applicable Zip Zip Country Country \$8.75 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, EULONDA S Street Address (P.O. Box Number is Not Acceptable) 123 S.E. 13TH STREET CAPE CORAL FL 33909 Zip Code City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition TITLE ☐ Delete JOHNSON, EULONDA S NAME NAME 123 S.E. 13TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE JOHNSON, MICHAEL D NAME NAME 123 S.E. 13TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITI F TITLE Delete JOHNSON, TERRY W NAME NAME 123 S.E. 13TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE TITLE Delete JOHNSON, RANDY T NAME NAME 123 S.E. 13TH STREET STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

**FILED** 

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 PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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