## 2000 UNIFORM BUSINESS REPORT (UBR)

## May 16, 2000 8:00 am Secretary of State DOCUMENT # P98000044457 RICHARD A. DAVIS, JR. PAINTING, INC. 05-16-2000 90031 019 \*\*\*150.00 Principal Place of Business Mailing Address 4452 WORCESTER ROAD 4452 WORCESTER ROAD SARASOTA FL 34231-7549 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEi Number City & State 65-0834697 . Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, RICHARD A JR. Street Address (P.O. Box Number is Not Acceptable) 4452 WORCESTER ROAD SARASOTA FL 34231 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. PD ☐ Addition Change TITLE ☐ Delete TITI F DAVIS, RICHARD A JR. NAME NAME 4452 WORCESTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROBERTS, PAMELA NAME NAME 4452 WORCESTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED