

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046933

1. Entity Name

CUSTOM QUALITY PAINTING, INC.

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90015 043 \*\*\*158.75

Principal Place of Business

5025 BAYSHORE DR.  
NAPLES FL 34112

Mailing Address

5025 BAYSHORE DR.  
NAPLES FL 34112-7358

2. Principal Place of Business

2408 LINWOOD AVE

3. Mailing Address

5025 BAYSHORE DR.

Suite, Apt. #, etc.

Box 11

Suite, Apt. #, etc.

City & State

NAPLES FL

City & State

NAPLES

Zip

34112

Country

USA

Zip

FL

Country

34112-7358

4. FEI Number

65-0841530

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JAMES KARL & ASSOC.  
975 N. COLLIER BLVD  
MARCO ISLAND FL 33937

7. Name and Address of New Registered Agent

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 \$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	PT	<input type="checkbox"/> Delete
NAME	MOREHEAD, ARTHUR W	
STREET ADDRESS	5025 BAYSHORE DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVEY, KENNETH L	
STREET ADDRESS	5025 BAYSHORE DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROWF, KENNETH	
STREET ADDRESS	7352 PEBBLE BEACH RD	
CITY-ST-ZIP	FT MYERS FL 33912	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVEY, KENNETH L	
STREET ADDRESS	5025 BAYSHORE DR.	
CITY-ST-ZIP	NAPLES FL 34112	
TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWE KENNETH	
STREET ADDRESS	7352 PEBBLE BEACH RD.	
CITY-ST-ZIP	FT MYERS FL 33912	
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:

*Arthur W Morehead*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ARTHUR W MOREHEAD 1-16-00 941-417-1888

CR2E034 (9/99)