

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000081926

1. Entity Name

COMMERCIAL RESIDENTIAL PAINTING, INC.

FILED

Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90138 040 \*\*\*150.00

Principal Place of Business

2942 B ROAD  
LOXAHATCHEE FL 33470

Mailing Address

13860 WELLINGTON TRACE SUITE 243  
WELLINGTON FL 33414

2. Principal Place of Business

17184 91st Place North

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Loxahatchee, FL

City & State

4. FEI Number

65-0863358

Applied For

Not Applicable

Zip

33470

Country

USA

Zip

Country

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

COX, MICHELLE J  
644 CARNATION COURT  
WELLINGTON FL 33414

Name

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

~~17184 91st Place North~~  
17184 91st Place North

City

~~Loxahatchee~~ Loxahatchee, FL

Zip Code

33470

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

*Michelle J Cox*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-15-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME P  
STREET ADDRESS COX, RUDY F  
CITY-ST-ZIP 644 CARNATION COURT  
WELLINGTON FL 33414

TITLE ☒ Change ☐ Addition  
NAME 17184 91st Place North  
STREET ADDRESS ~~2000 17184 91st Place North~~  
CITY-ST-ZIP ~~Loxahatchee, FL 33470~~ Loxahatchee, FL 33470

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Rudy F Cox*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

(561) 753-7307

Daytime Phone #

CR2E034 (10/00)