

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088294

1. Entity Name

WILLIE B. PAINTING, INC.

Principal Place of Business

11083 HIGHWAY 87N
MILTON FL 32570

Mailing Address

11083 HIGHWAY 87N
MILTON FL 32570

2. Principal Place of Business

6521 MICHELLE LN.

Suite, Apt. #, etc.

3. Mailing Address

6521 MICHELLE LN.

Suite, Apt. #, etc.

City & State

MILTON FL.

City & State

MILTON FL.

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

6. Name and Address of Current Registered Agent

BAIN, WILLIE E
11083 HIGHWAY 87N
MILTON FL 32570

7. Name and Address of New Registered Agent

Name

BAIN, WILLIE E

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

6521 MICHELLE LN.

City

MILTON FL.

FL

Zip Code

32570

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

Willie E. Bain

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, 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

TITLE D
NAME BAIN, WILLIE E
STREET ADDRESS 11083 HIGHWAY 87N
CITY-ST-ZIP MILTON FL 32570 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME BAIN, WILLIE E
STREET ADDRESS 6521 MICHELLE LN
CITY-ST-ZIP MILTON FL 32570 ☒ Change ☐ Addition

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

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

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

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

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

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:

Willie E. Bain

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90079 022 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)