## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P98000090263 DORAL PAINTING, INC. 04-26-2000 90083 040 \*\*\*150 00 Principal Place of Business Mailing Address 8401 W SAMPLE ROAD #5 6401 W SAMPLE ROAD #5 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4623 3. Mailing Address 2. Principal Place of Business 3321 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0871131 Not Applicable Coconut \$8.75 Additional 5. Certificate of Status Desired US A 33073 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name: BLODIG, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK RD **SUITE 700** FT. LAUDERDALE FL 33309 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME DYKES, DWIGHT E STREET ADDRESS STREET ADDRESS 531 SE 13TH ST CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Addition TITLE Delete NAME KNOX, DEBRA A 3321NW 715 5t. STREET ADDRESS STREET ADDRESS 8401 W SAMPLE ROAD #5 CITY-ST-7IP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Addition ☐ Delete TITLE TITLE NAME NAME KNOX, JEFFREY M STREET ADDRESS STREET ADDRESS 8401 W SAMPLE ROAD #5 3307 T CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Addition TITLE TITLE **D**elete NAME NAME POTTER, JOEL C STREET ADDRESS STREET ADDRESS 8 SIMONTON CIR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 the rips wered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR