

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90083 040 ***150.00

DOCUMENT # P98000090263

1. Entity Name
DORAL PAINTING, INC.

Principal Place of Business 6401 W SAMPLE ROAD #5 CORAL SPRINGS FL 33065	Mailing Address 6401 W SAMPLE ROAD #5 CORAL SPRINGS FL 33065-4623
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2. Principal Place of Business 3321 NW 71st Street Suite, Apt. #, etc.	3. Mailing Address 3321 NW 71st Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Coconut Creek, FL	City & State Coconut Creek, FL	4. FEI Number 65-0871131	Applied For <input type="checkbox"/> Not Applicable
Zip 33073	Country USA	Zip 33073	Country USA

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLODIG, GREGORY J 100 W CYPRESS CREEK RD SUITE 700 FT. LAUDERDALE FL 33309	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 _____ (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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DYKES, DWIGHT E 531 SE 13TH ST POMPANO BEACH FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, DEBRA A 8401 W SAMPLE ROAD #5 CORAL SPRINGS FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KNOX, JEFFREY M 8401 W SAMPLE ROAD #5 CORAL SPRINGS FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete POTTER, JOEL C 8 SIMONTON CIR FT. LAUDERDALE FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3321 NW 71st St. Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3321 NW 71st St. Coconut Creek, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE: [Signature] **SIGNATURE REQUIRED** Date: **4/11/00** Daytime Phone #: **954-444-6811**

CR2E034 (9/99)