

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90128 002 \*\*\*150.00

**DOCUMENT # P98000094717**

1. Entity Name

**CARDINAL PAINTING SERVICES, INC.**

Principal Place of Business

Mailing Address

690 CO RD 485A  
 LAKE PANASOFFKEE FL 33538

~~P.O. BOX 1386~~  
~~LUTZ FL 33548-1409~~

00030449



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

690 CR 485A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

LAKE PANASOFFKEE, FL.

4. FEI Number

59-3543054

Applied For

Not Applicable

Zip

Country

Zip

Country

33538

USA

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

MARAMAN, DENNIS A  
 690 COUNTY RD 485A  
 P. O. BOX 1386  
 LAKE PANASOFFKEE FL 33548

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAMAN, DENNIS A		NAME	MARAMAN, DENNIS A	
STREET ADDRESS	P.O. BOX 1386		STREET ADDRESS	690 CR 485A	
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP	LAKE PANASOFFKEE, FL. 33538	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTZ, LOUIS A		NAME		
STREET ADDRESS	7506 ST. JOHNS ROAD		STREET ADDRESS		
CITY-ST-ZIP	LAND O LAKES FL 33549		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARAMAN, TERRY L		NAME	MARAMAN, TERRY L	
STREET ADDRESS	P.O. BOX 1386		STREET ADDRESS	P.O. BOX 1409	
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP	LUTZ, FL. 33548-1409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-2000

Date

352-568-8779

Daytime Phone #

CR2E034 (9/99)