

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097289

1. Entity Name

DOUGLAS TEWS A PAINTING CONTRACTOR, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90094 035 \*\*\*150.00

Principal Place of Business

Mailing Address

15342 ALLEN WAY  
FT. MYERS FL 33908

15342 ALLEN WAY  
FT. MYERS FL 33908-1763

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0873917

Applied For

Not Applicable

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

S.W PROF. SERVICES OF FT. MYERS, INC.  
13611 MCGREGOR BLVD.  
FT. MYERS FL 33919

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEWS, DOUGLAS	
STREET ADDRESS	14342 ALLEN WAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	POWERS, DANIEL	
STREET ADDRESS	12135 HIBISCUS	
CITY-ST-ZIP	FT MYERS FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PLOWMAN, DENNIS	
STREET ADDRESS	17308 WHITEWATER CT	
CITY-ST-ZIP	FT MYERS FL	
TITLE	<del>VP</del>	<input type="checkbox"/> Delete
NAME	<del>STEVE TEWES</del>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PAUL BOWLER VP	<input type="checkbox"/> Delete
NAME	1624 S.E. 33 ST	
STREET ADDRESS	Cape Coral, FL 33904	
CITY-ST-ZIP		
TITLE	Robert Winslow	<input type="checkbox"/> Delete
NAME	5751 PARK RD.	
STREET ADDRESS	FT MYERS FL	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 supplementary 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 my address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/00

Date

Daytime Phone #

CR2E034 (9/99)