2001 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2001 8:00 am DOCUMENT # P98000099560 Secretary of State UNDERHILL PAINTING, INC. 02-14-2001 90015 046 ***150.00 Principal Place of Business Mailing Address 1445 N. CONGRESS AVE 1445 N. CONGRESS AVE SUITE 0 SUITE 8 DELRAY BEACH FL 33445 DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FFI Number 59-3550678 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent' Name Kern. Keith D esq. Street Address (P.O. Box Number is Not Acceptable) 50 S.E. 4TH AVENUE **DELRAY BEACH FL 33483** City 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 signsture required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00 TITLE ☐ Delete TITLE ☐ Addition NAME UNDERHILL, WILLIAM LANCE STREET ADORESS STREET ADDRESS 1211 S.W. 25TH WAY CITY-ST-ZIF CITY-ST-ZIP BOYNTON BEACH FL 33426 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME UNDERHILL, CONNIE J STREET ADDRESS STREET ADDRESS 1211 S.W. 25TH WAY CITY-ST-ZIP CITY-ST-ZIP-**BOYNTON BEACH FL 33426** ☐ Change ☐ Addition ☐ Delete VP HALIF NAME DIMITRY, ALYSSA STREET ADDRESS STREET ADDRESS 3536 E. SANDPIPER DR CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Delete Addition TILE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COY-ST-71P Delete TITLE TITLE - Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS 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. WILLAM