2001 UNIFORM BUSINESS REPORT (UBR)

Mar 27, 2001 8:00 am Secretary of State DOCUMENT # **P98000100068** 1. Entity Name WAYNE DEESE PAINTING, INC. 03-27-2001 90671 046 ***150.00 Principal Place of Business Mailing Address 86 MIDDLE RD 86 MIDDLE RD JACKSONVILLE FL 32254 JACKSONVILLE FL 32254 2. Principal Place of Business 6906 JOHN ROWE ROAD 3. Mailing Address 6906 JOHN ROWE ROAD Suite, Apt. #, etc. Suite, Apt. #. etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3541957 NACCLEN Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DEESE. DONALD W 🧫 😓 Street Address (P.O. Box Number is Not Acceptable) **86 MIDDLE RD** JACKSONVILLE FL 32254 8. The above named entify 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 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition CR2E034 (10/00) NAME DEESE, DONALD W NAME 6906 JOHN ROWE ROAD MACCHENNY, FL 3Y063 STREET ADDRESS 88 MIDDLE RD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32254 CITY-ST-ZIP TITLE VSD ☐ Delete TITLE NAMÉ DEESE, DORIS NAME 6906 JOHN ROWE ROAD STREET ADDRESS STREET ADDRESS 86 MIDDLE RD CITY-ST-ZIP CITY-ST-7/P JACKSONVILLE FL 32254 TITLE Delete TILE . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 13. I hereby certify that the information supplied with this filling 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: DENALD W. DEEC

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