

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90121 007 ***150.00

DOCUMENT # P99000000769

1. Entity Name

VANGUARD PAINTING, INC.

Principal Place of Business

Mailing Address

901 N. HERCULES AVE. STE. D
 CLEARWATER FL 33765

901 N. HERCULES AVE. STE. D
 CLEARWATER FL 33765-2031

2. Principal Place of Business

3. Mailing Address

1120 Mineola Circle

1120 Mineola Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Name

Home

City & State

City & State

Palm Harbor FL

Palm Harbor FL

Zip

Country

Zip

Country

34683

Pinellas

34683

Pinellas

4. FEI Number

593549657

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

PAPPAS, GEORGE G
901 N. HERCULES AVE. STE. D
CLEARWATER FL 33765

Name

Michael Kazogles

Street Address (P.O. Box Number is Not Acceptable)

1120 Mineola Circle

City

Palm Harbor

FL

Zip Code

34683

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 **Michael S. Kazogles owner/officer 4-17-00**

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 **D** ☒ Delete
 NAME **PAPPAS, GEORGE G**
 STREET ADDRESS **901 N. HERCULES AVE. STE. D**
 CITY-ST-ZIP **CLEARWATER FL 33765**

TITLE **owner/officer** ☐ Change ☒ Addition
 NAME **Michael Kazogles**
 STREET ADDRESS **1120 mineola circle**
 CITY-ST-ZIP **Palm Harbor FL 34683**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 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: **Michael S. Kazogles (Michael S. Kazogles)**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-00

Date

727-423-8730

Daytime Phone #