

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000000993

1. Entity Name

MCQUEEN'S PAINTING, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90285 026 \*\*\*150.00

Principal Place of Business

8133 COUNTRY INN PKWY  
ORLANDO FL 32818

Mailing Address

8133 COUNTRY INN PKWY  
ORLANDO FL 32818

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

3375 OVERLOOK DR

Suite, Apt. #, etc.

City & State

ZELLWOOD

Zip

32798

Country

USA

4. FEI Number

59-3549763

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

MCQUEEN, LARRY  
8133 COUNTRY INN PKWY  
ORLANDO FL 32818

Name

MCQUEEN, LARRY

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

3375 OVERLOOK DR.

City

ZELLWOOD

FL

Zip Code

32798

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

*Larry McQueen*

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 ☐ Delete  
NAME D  
STREET ADDRESS MCQUEEN, LARRY  
CITY-ST-ZIP 8133 COUNTRY INN PKWY  
ORLANDO FL 32818

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MCQUEEN, DIANE E  
CITY-ST-ZIP 8133 COUNTRY INN PKWY  
ORLANDO FL 32818

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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:

*Larry McQueen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29

Date

407.297-0404

Daytime Phone #

CR2E034 (9/99)