

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000001204

1. Entity Name

THE RIGHT TOUCH PAINTING, INC.

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90120 038 ***150.00

Principal Place of Business

Mailing Address

3689 N.E. 80TH AVE.
HIGH SPRINGS FL 32643

3689 N.E. 80TH AVE.
HIGH SPRINGS FL 32643-5455

2. Principal Place of Business

3689 N.E. 80th Ave

Suite, Apt. #, etc.

3. Mailing Address

3689 N.E. 80th Ave

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

High Springs FL

Zip

32643

Country

City & State

High Springs FL

Zip

32643

Country

4. FEI Number

59-3558888

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Penhale

PENHALE, JACK L
3689 N.E. 80TH AVE.
HIGH SPRINGS FL 32643

7. Name and Address of New Registered Agent

Name

Penhale, Jack

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

3689 N.E. 80th Ave

City

High Springs

FL

Zip Code

32643

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 true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-19-00

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Additor
P
Penhale, Jack
3689 N.E. 80th Ave
High Springs FL 32643

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Additor

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-00

(952) 214-3871