

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000004729

1. Entity Name
COMMERCIAL & RESIDENTIAL PAINTING SERVICE, INC.

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90084 049 ***150.00

Principal Place of Business
**6523 BARTHOLF AVE.
JACKSONVILLE FL 32210**

Mailing Address
**6523 BARTHOLF AVE.
JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville F

4. FEI Number **59-3549555**

Applied For

Not Applicable

Zip

Country

Zip

32247-

Country

Duval

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

**COVERDALE, JAY A
6523 BARTHOLF AVE.
JACKSONVILLE FL 32210**

Name

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

City

FL

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 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, 2001 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	WCB	<input type="checkbox"/> Delete
NAME	COVERDALE, JAY A	
STREET ADDRESS	6523 BARTHOLF AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRATT, BRIAN T.	
STREET ADDRESS	6523 BARTHOLF AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	GOODMAN, TALLEY L	
STREET ADDRESS	3949 JEEN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE	PCB	<input type="checkbox"/> Delete
NAME	COVERDALE, LAURIE A.	
STREET ADDRESS	6523 BARTHOLF AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Coverdale, Jason	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6523 Bartholf Ave	
STREET ADDRESS	Jacksonville FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/01 **(904) 219-2156**
Date Daytime Phone #

CR2E034 (10/00)