

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000005887

1. Entity Name

PAULSON'S PAINTING INC.

Principal Place of Business

1803 TILLSTREAM DRIVE
ORLANDO FL 32818

Mailing Address

1803 TILLSTREAM DRIVE
ORLANDO FL 32818-4777

2. Principal Place of Business

1803 Tillstream Dr.

Suite, Apt. #, etc.

3. Mailing Address

1803 Tillstream Dr.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-355 6256.

Applied For

Not Applicable

Zip

32818

Country

USA

Zip

32818

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORCIER, MARGARET J
1803 TILLSTREAM DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

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

Margaret J Forcier

President

Margaret J Forcier

3-21-00

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

TITLE	Robert D. Patterson	<input type="checkbox"/> Delete
NAME	1803 Tillstream Dr	
STREET ADDRESS	Orlando, FL 32818	
CITY-ST-ZIP		
TITLE	William K Patterson	<input type="checkbox"/> Delete
NAME	1723 Pam Circle	
STREET ADDRESS	Orlando, FL 32819	
CITY-ST-ZIP		
TITLE	Margaret J. Forcier	<input type="checkbox"/> Delete
NAME	1803 Tillstream Dr	
STREET ADDRESS	Orlando, FL 32818	
CITY-ST-ZIP		
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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:

Margaret J Forcier

President

Margaret J Forcier 3-21-00 407.299.8207

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)