

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90134 025 ***150.00

DOCUMENT # P99000016120

1. Entity Name
CARL DEEMS PAINTING SERVICE, INC.

Principal Place of Business 702 INDUS RD VENICE FL 34293	Mailing Address 702 INDUS RD VENICE FL 34293-5413
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2. Principal Place of Business 5071 ADINA CIRCLE Suite, Apt. #, etc. .	3. Mailing Address 5071 ADINA CIRCLE Suite, Apt. #, etc.
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City & State NORTH PORT FL	City & State NORTH PORT FL
Zip 34286 Country	Zip 34286 Country

4. FEI Number 65-0895024	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DEEMS, CARL
702 INDUS RD
VENICE FL 34293

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
5071 ADINA CIRCLE
 City **NORTH PORT** **FL** Zip Code **34286**

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 *Carl Deems* DATE **4-26-2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
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PRESIDENT
CARL DEEMS
5071 ADINA CIRCLE
NORTH PORT FL 34286

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: *Carl Deems* DATE **4-26-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

904003



DO NOT WRITE IN THIS SPACE

CR2E034 19/99