

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0537864

DOCUMENT # P99000024177

1. Entity Name
BIEHL PAINTING, INC.

05-15-2001 90050 029 ***150.00

Principal Place of Business P.O. BOX 512512 PUNTA GORDA FL 33951-2512	Mailing Address P.O. BOX 512512 PUNTA GORDA FL 33951-2512
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2. Principal Place of Business 9325 SW LIPE ST Suite, Apt. #, etc.	3. Mailing Address 9325 SW LIPE ST Suite, Apt. #, etc.
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City & State ARCADIA, FL	City & State ARCADIA, FL	4. FEI Number 59-3562846	Applied For Not Applicable
Zip 34266	Country USA	Zip 34266	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BIEHL, KATHY 9325 S.W. LIPE ST. ARCADIA FL 34266	7. Name and Address of New Registered Agent Name RANDY L. BIEHL Street Address (P.O. Box Number is Not Acceptable) 9325 SW LIPE ST City ARCADIA FL Zip Code 34266
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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 *Randy L. Biehl* RANDY L. BIEHL - PRES. 4-30-1
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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEHL, KATHY 9325 S.W. LIPE ST. ARCADIA FL 34266 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIEHL, RANDY 9325 S.W. LIPE ST. 2050 CANNOLOT BLVD ARCADIA FL 34266 PORT CHARLOTTE, FL. 33948 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Randy L. Biehl* RANDY L. BIEHL 4-30-01 941-629-8385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)