

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024177

1. Entity Name

BIEHL PAINTING, INC.

Principal Place of Business

P.O. BOX 512512  
PUNTA GORDA FL 33951-2512

Mailing Address

P.O. BOX 512512  
PUNTA GORDA FL 33951-2512

2. Principal Place of Business

3. Mailing Address

9325 SW LIPE ST

9325 SW LIPE ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ARCADIA, FL

City & State

ARCADIA, FL

Zip

34266

Country

USA

Zip

34266

Country

USA

4. FEI Number

59-3562846

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BIEHL, KATHY  
9325 S.W. LIPE ST.  
ARCADIA FL 34266

Name

RANDY L. BIEHL

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

9325 SW LIPE ST

City

ARCADIA

FL

Zip Code  
34266

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.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-01

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

CR2E034 (10/00)

TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEHL, KATHY		NAME	
STREET ADDRESS	9325 S.W. LIPE ST.		STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266		CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIEHL, RANDY		NAME	
STREET ADDRESS	9325 S.W. LIPE ST. 2050 CANNOLOT BLVD		STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 34266 PORT CHARLOTTE, FL. 33948		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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:

*Randy L. Biehl*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-01

941-629-8385

Date

Daytime Phone #