

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024403

1. Entity Name

CENTRAL FLORIDA WALLS & CEILINGS, INC.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90064 021 ***150.00

Principal Place of Business

P.O. BOX 690577
ORLANDO FL 32869

Mailing Address

P.O. BOX 690577
ORLANDO FL 32869

2. Principal Place of Business

P.O. BOX 690577
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 690577
Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-3573272

Applied For

Not Applicable

Zip

32869

Country

Orange

Zip

32869

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTIN, JAMES E
5787 WINDHOVER DR.
ORLANDO FL 32819

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

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)

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FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 D
NAME LOYD, KENNY
STREET ADDRESS 1071 HENRY BALCH DR.
CITY-ST-ZIP ORLANDO FL 32810

☐ Delete

TITLE D
NAME MARTIN, JAMES E
STREET ADDRESS 5787 WINDHOVER DR.
CITY-ST-ZIP ORLANDO FL 32819

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

JAMES E MARTIN

9-4-00

407 592-3233

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

CENTRAL FLORIDA WALLS AND CEILINGS, INC

P. O. BOX 490577

ORLANDO, FL 32869

(407) 392-3233

Attachment doc #

P99000024403

A0075680

~~2~~
I did not receive a 2000 Uniform Business Report
the first of year I call and told them when
I got this one This is my first year Inc
He said to ~~send~~ ~~send~~ send the 150⁰⁰ by the
sept the 13. I called around July 28 somewhere
between that date

James M. M.