

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025683

1. Entity Name

GENE F. JOHNSTON PAINTING, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90101 001 ***150.00

Principal Place of Business 9920 HARNEY RD. THONOTOSASSA FL 33592	Mailing Address 9920 HARNEY RD. THONOTOSASSA FL 33592-3302
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 4739 Parkway Blvd Suite, Apt. #, etc. Land-o-Lakes Fl. City & State 34639 Zip Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3625455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BUTLER, OLLIE BEN JR. 10105 MAIN STREET THONOTOSASSA FL 33592	
7. Name and Address of New Registered Agent Name GENE F. JOHNSTON Street Address (P.O. Box Number is Not Acceptable) 9920 HARNEY ROAD City THONOTOSASSA FL Zip Code 33592	

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 Gene F. Johnston DATE 2/18/2000
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANTON, EARL 12903 FAIRGREEN RD. DOVER FL 33527 <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 BLANTON, RUSSEL W 9920 HARNEY RD. THONOTOSASSA FL 33592 <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 JOHNSTON, GENE F 9920 HARNEY RD. THONOTOSASSA FL 33592 <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 line empowered.

SIGNATURE: Gene F. Johnston PRESIDENT 2/18/2000 (813) 986-6263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)