

**2000 UNIFORM BUSINESS REPORT (UBR)**

5/8

05-08-2000 90020 002 \*\*\*150.00

APPROVED  
AND  
FILED

00 JUN 29 AM 10:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000030768

(R)

1. Entity Name  
**LARRY'S SUPERIOR PAINTING, INC.**

Principal Place of Business

Mailing Address

2688 CHESTNUT LANE  
PORT ST LUCIE, FL 34953

2688 CHESTNUT LANE  
PORT ST LUCIE, FL 34953-2862

2. Principal Place of Business

3. Mailing Address

2130 SW EDISON CIR  
Suite, Apt. #, etc.

2130 SW EDISON CIR  
Suite, Apt. #, etc.

City & State  
Port St Lucie, FL

City & State  
Port St Lucie, FL

4. FEI Number  
65-0909268

Applied For  
 Not Applicable

Zip  
34953 Country  
USA

Zip  
34953 Country  
USA

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, LARRY  
2688 CHESTNUT LANE  
PORT ST LUCIE FL 34953

Name  
FRANK GOODMAN

Street Address (P.O. Box Number is Not Acceptable)  
2130 SW EDISON CIRCLE

City  
PORT ST. LUCIE FL Zip Code  
34953

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]*  
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)

**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 MASSEY, LARRY 2688 CHESTNUT LANE PORT ST LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D FRANK GOODMAN 2130 SW EDISON CIRCLE PORT ST. LUCIE, FL 34953	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	UP/D TODD TAROIE 1651 AVANTE CIRCLE PORT ST. LUCIE, FL 34952	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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 *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
6-22-00

Daytime Phone #