

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032318

1. Entity Name

John A. Wright Painting

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90013 007 ***150.00

Principal Place of Business
4712 South Wind Blvd.
Kissimmee, FL 34746

Mailing Address
4712 South Wind Blvd.
Kissimmee, FL 34746

2. Principal Place of Business
4712 South Wind Blvd.

3. Mailing Address
4712 South Wind Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Kissimmee, FL

City & State
Kissimmee, FL 34746

4. FEI Number
59-3572669

Applied For
Not Applicable

Zip
34746

Country

Zip
34746

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Harry J. Swart, CPA
Swart Baumruk & Company, LLP
717 East Oak Street
Kissimmee, FL 34744

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) ☒

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P, D
John A. Wright
4712 South Wind Blvd.
Kissimmee, FL 34746

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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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: *John A. Wright* : JOHN A. WRIGHT 4-15-00 (407) 3979740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)