

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000032553

1. Entity Name

SCOTT PETERSEN PAINTING, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90107 033 ***150.00

Principal Place of Business

1568 ATWATER DRIVE
NORTH PORT FL 34287-8407

Mailing Address

1568 ATWATER DRIVE
NORTH PORT FL 34286-8407



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
65-0931251

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PETERSEN, SCOTT A
1568 ATWATER DRIVE
NORTH PORT FL 34287-8407

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 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addit
PRESIDENT
SCOTT A. PETERSEN
1568 ATWATER DR.
NORTH PORT, FL 34287-8407

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addit
VICE PRESIDENT
TERRY L. PETERSEN
1568 ATWATER DR.
NORTH PORT, FL 34287-8407

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addit

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Scott Petersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-00 (944) 426-6848

Date

Daytime Phone #