

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90003 037 ***150.00

DOCUMENT # *P990000 401*

1. Entity Name
Southern Trim Painting INC.

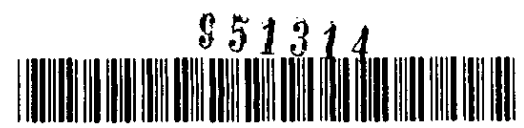
Principal Place of Business
*8600 NW 47th Dr
CORAL SPRINGS FL
33067*

Mailing Address
*8600 NW 47th Dr
CORAL SPRINGS FL
33067*

2. Principal Place of Business
*8600 NW 47th Dr
Suite, Apt. #, etc.
CORAL SPRINGS FL
City & State*

3. Mailing Address
*8600 NW 47th Dr
Suite, Apt. #, etc.
CORAL SPRINGS FL
City & State*

Zip *33067* Country *Broward*



DO NOT WRITE IN THIS SPACE

4. FEI Number *65 093 5192* Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
*AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134*

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 _____ (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	<i>PSTV</i>	<input type="checkbox"/> Delete
NAME	<i>ANTHONY A. NAPOLITANO</i>	
STREET ADDRESS	<i>8600 NW 47th Dr</i>	
CITY-ST-ZIP	<i>CORAL SPRINGS FL 33067</i>	
TITLE	<i>NAPOKITANO Anthony A.</i>	<input type="checkbox"/> Delete
NAME	<i>8600 NW 47th Dr</i>	
STREET ADDRESS	<i>CORAL SPRINGS FL 33067</i>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Anthony A Napolitano* **REQUIRED** *4/25/00* *954 344-2234*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)