

2000 UNIFORM BUSINESS REPORT (UBR)

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

04-25-2000 90016 022 ***158.75

DOCUMENT # P99000041908

1. Entity Name

COLOR - RITE CONSTRUCTION, INC.

Principal Place of Business

Mailing Address

15173 78TH PL N
 LOXAHATCHEE FL 33470

15173 78TH PL N
 LOXAHATCHEE FL 42733-9607

2. Principal Place of Business

196 CORDOBA Circle

3. Mailing Address

4101 DRYCREEK RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ROYAL PALM BCH

City & State

EIKHORN, KY. 42733

Zip

Country

33411

USA

Zip

42733

Country

CASEY

4. FEI Number

38-2814041

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAPARAOTTA, ANTHONY J
15173 78TH PL N
LOXAHATCHEE FL 33470

7. Name and Address of New Registered Agent

Name **CAPARAOTTA, ANTHONY J**

Street Address (P.O. Box Number is Not Acceptable)

196 CORDOBA Circle

City **Royal Palm Beach**

FL

Zip Code
33411

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 **ANTHONY J CAPARAOTTA**

Signature, typed or printed name of registered agent and title if applicable.

Anthony J Caparotta

(NOTE: Registered Agent signature is required when reinstating)

4-1-00

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	T RUSSELL, CYNTHIA M. 15173 78TH PLACE NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAPARAOTTA, JOSEPH W. 15173 78TH PLACE NORTH LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAPARAOTTA, ANTHONY R. 15173 78TH PLACE NORTH LOXAHATCHEE FL 33470	<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	TREASURER CYNTHIA M Russell 196 CORDOBA Circle ROYAL PALM Bch, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE CAPARAOTTA, Joseph W 196 CORDOBA Circle Royal Palm Bch, FL 33411	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Russell, Karen M 196 CORDOBA Circle Royal Palm Bch, FL 33411	<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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-00

Date

606-787-7979

Daytime Phone #

CRZE034 (9/99)