

DOCUMENT # P99000043362

1. Entity Name

HALPIN AND GAINES PAINTING COMPANY, INC.


FILED

00 MAR -1 PM 4:02

Principal Place of Business

815 26TH AVENUE
VERO BEACH FL 32960

Mailing Address

815 26TH AVENUE
VERO BEACH FL 32960-3957

 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
601827


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

65-0921077

Applied For

Not Applicable

5. Certificate of Status Desired

- ☐ - \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GAINES, STEPHEN F
815 26TH AVENUE
VERO BEACH FL 32960

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 re/issuing)

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPresident ☐ Delete
Stephen F. Gaines
815 26th Ave.
Vero Beach FL 32960TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPVice-President ☐ Delete
John Halpin
216 16th Ave.
Vero Beach FL 32962TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTreasurer ☐ Delete
Rose Gaines
815 26th Ave
Vero Beach FL 32960TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPSecretary ☐ Delete
Donna Halpin
216 16th Ave.
Vero Beach FL 32962TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ 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

Stephen F. Gaines

1/5/2000 (561) 567-1797

Daytime Phone #

CR2E034 (9/99)