

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90146 019 \*\*\*150.00

**DOCUMENT # P99000043885**

1. Entity Name  
**PIONEER PAINTING INC.**

Principal Place of Business <b>4500 N FEDERAL HIGHWAY          APT 301A          LIGHTHOUSE POINT FL 33064</b>	Mailing Address <b>4500 N FEDERAL HIGHWAY          APT 301A          LIGHTHOUSE POINT FL 33064-6524</b>
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2. Principal Place of Business <del>4500 N Federal Hwy</del> Suite, Apt. #, etc. <del>301A</del>	3. Mailing Address <del>4500 N Federal Hwy</del> Suite, Apt. #, etc.
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City & State <del>Lighthouse Pt. Fl</del>	City & State	4. FEI Number <b>65-0961343</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <del>33064</del>	Country <del>FL</del>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**VANDERHOOF, MICHAEL  
 4500 N FEDERAL HIGHWAY  
 APT 301A  
 LIGHTHOUSE POINT FL 33064**

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VANDERHOOF, MICHAEL 4500 N FEDERAL HWY APT 301A LIGHTHOUSE POINT FL 33064</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD VANDERHOOF, JOY 4500 N FEDERAL HWY APT 301A LIGHTHOUSE POINT FL 33064</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Michael Vanderhoof  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Michael VANDERHOOF**

Date: 4/25/00 Daytime Phone #: (954) 941-9517

CRZE034 (9/99)