

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000047986**1. Entity Name
QUALITY PAINTING OF LAKE COUNTY INC.Principal Place of Business
305 CHESTER ST.
CLERMONT FL 34711
Mailing Address
305 CHESTER ST.
CLERMONT FL 347112. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3576653
Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required**6. Name and Address of Current Registered Agent**ADDINGTON DALE L
305 CHESTER ST.
CLERMONT FL 34711**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 **DALE L ADDINGTON**

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

(NOTE: Registered Agent signature required when reinstating)

04/29/2001

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, 2001 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	P	Delete
NAME	ADDINGTON CHERYLL	☐
STREET ADDRESS	305 EAST CHESTER STREET	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	Delete
NAME	ADDINGTON DALE L	☐
STREET ADDRESS	305 CHESTER ST.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete
NAME		☐
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	Addition
NAME	☐	☐
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Change	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: dale l addington

vp

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)