

2000 UNIFORM BUSINESS REPORT (UBR)

4

FILED

May 03, 2000 8:00 am
Secretary of State

04-05-2000 90098 033 ***150.00

DOCUMENT # P99000052385

1. Entity Name

DON'S CUSTOM PAINTING, INC.

Principal Place of Business

Mailing Address

10881 CITRUS DR
BONITA SPRINGS FL 34135

10881 CITRUS DR
BONITA SPRINGS FL 34135-9027

2. Principal Place of Business

3. Mailing Address

10881 Citrus Drive

10881 Citrus Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Home Residence (House)

(House)

City & State

City & State

Bonita Springs Florida

Bonita Springs Florida

Zip

Country

Zip

Country

34135

U.S.A.

34135

U.S.A.

4. FEI Number

Applied For

59-3583046

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOARD, DONALD L
10881 CITRUS DR
BONITA SPRINGS FL 34135

Name

Donald L. Goard

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

10881 Citrus Drive

City

Bonita Springs FL

FL

Zip Code

34135

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

Donald L. Goard (owner)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-31-00

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 President - (owner) ☐ Delete
NAME Donald L. Goard
STREET ADDRESS 10881 Citrus Drive
CITY-ST-ZIP Bonita Springs Florida 34135

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Donald L. Goard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-00

Date

941-495-8371

Daytime Phone #

CR2E034 (9/99)