

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000063181

1. Entity Name

ALL FLORIDA PAINTING SERVICES, INC.

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90719 036 \*\*\*158.75

Principal Place of Business

Mailing Address

402 UNIVERSITY BLVD.  
 SUITE 3  
 DAYTONA BEACH FL

402 UNIVERSITY BLVD.  
 SUITE 3  
 DAYTONA BEACH FL 32118-3786

2. Principal Place of Business

3. Mailing Address

132 Snow Goose Ct

132 Snow Goose Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Daytona Beach FL

Daytona Beach FL

Zip

Country

Zip

Country

32119

USA

32119

USA

6. Name and Address of Current Registered Agent

4. FEI Number

Applied For

59-358 7828

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

132 Snow Goose Ct.

City

Daytona Beach

FL

Zip Code

32119

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 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

TITLE	P	<input type="checkbox"/> Delete
NAME	JOHNSON, GARY	
STREET ADDRESS	402 UNIVERSITY BLVD., SUITE 3	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORRONE, ANTHONY	
STREET ADDRESS	402 UNIVERSITY BLVD., SUITE 3	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	132 Snow Goose Ct	
CITY - ST - ZIP	Daytona Beach FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	132 Snow Goose Ct.	
CITY - ST - ZIP	Daytona Beach FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)