

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071512

1. Entity Name

COLOR FINISHES OF PENNSYLVANIA, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90145 004 \*\*\*150.00

Principal Place of Business

Mailing Address

100 SECOND AVE S.  
STE 704S  
ST. PETERSBURG FL 33701

100 SECOND AVE S.  
STE 704S  
ST. PETERSBURG FL 33701-4337

2. Principal Place of Business

3. Mailing Address

6301 S. WEST SHORE BLVD

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 608

CITY & STATE  
TAMPA FL

CITY & STATE

Zip

Country

Zip

Country

33616

US

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCURLEY, JANETTE  
100 SECOND AVE. S  
SUITE 704 S  
ST. PETERSBURG FL 33701

Name EDWARD M. STATES

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

6301 S. WEST SHORE BLVD # 608

TAMPA

CITY TAMPA

FL

Zip Code

33616

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME MCCURLEY, JANETTE M  
STREET ADDRESS 100 SECOND AVE S.  
CITY-ST-ZIP ST. PETERSBURG FL 33701

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

TITLE ☐ Delete  
NAME PRESIDENT  
STREET ADDRESS EDWARD M. STATES  
CITY-ST-ZIP 6301 N. WEST SHORE BLVD. # 608  
TAMPA, FL 33616

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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STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)