

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071596

1. Entity Name

PRECISION PAINTING OF TAMPA BAY, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90241 042 \*\*\*150.00

Principal Place of Business

Mailing Address

5461 30TH AVENUE SOUTH  
 GULFPORT FL 33707

5461 30TH AVENUE SOUTH  
 GULFPORT FL 33707-5634

2. Principal Place of Business

3. Mailing Address

Supp. Art. #, etc.  
**HASTINGS & ASSOCIATES, P.A.**  
 2207 54TH ST S  
 GULFPORT, FL 33707

Supp. Art. #, etc.  
**HASTINGS & ASSOCIATES, P.A.**  
 2207 54TH ST S  
 GULFPORT, FL 33707

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591376

Applied For

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

HASTINGS, DAVID C  
 19941 GOLF BOULEVARD, #E  
 INDIAN SHORES FL 33785

Name

**HASTINGS & ASSOCIATES, P.A.**  
 2207 54TH ST S  
 GULFPORT, FL 33707

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

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  
 NAME PSTD  
 STREET ADDRESS STARR, DEBRA MICHELLE  
 CITY-ST-ZIP 5461 30TH AVENUE SOUTH  
 GULFPORT FL 33707 ☐ Delete

TITLE  
 NAME **HASTINGS & ASSOCIATES, P.A.** ☒ Change ☐ Addition  
 STREET ADDRESS 2207 54TH ST S  
 CITY-ST-ZIP GULFPORT, FL 33707

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Change ☐ Addition  
 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:

*Debra Michelle Starr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)