

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077886

1. Entity Name

INLET PAINTING, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90039 037 ***150.00

Principal Place of Business 465 COLUMBUS STREET SEBASTIAN FL 32958	Mailing Address 465 COLUMBUS STREET SEBASTIAN FL 32958-4319
2. Principal Place of Business 1111 Voncile Ave Suite, Apt. #, etc.	3. Mailing Address 1111 Voncile Ave Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 65-0945173	Applied For <input type="checkbox"/> Not Applicable
Zip 32303	Country USA	Zip 32303	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BARKETT, BRUCE 756 BEACHLAND BLVD. VERO BEACH FL 32963	7. Name and Address of New Registered Agent Name: Todd R. Omley Street Address (P.O. Box Number is Not Acceptable): 1111 Voncile Ave City: Tallahassee FL Zip Code: 32303
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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: Todd R. Omley DATE: 4/10/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Todd R. Omley 1111 Voncile Ave Tallahassee FL 32303	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED Todd R. Omley DATE: 4/10/2000 DAYTIME PHONE #: (850) 298-4274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)