

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084849

1. Entity Name

LMB PAINTING, INC

f

Principal Place of Business

33242 FORREST RIDGE RD.
DELAND FL 32720

Mailing Address

33242 FORREST RIDGE RD.
DELAND FL 32720

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

69-3602442

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

BOULDIN, LISA
33242 FORREST RIDGE RD.
DELAND FL 32720

Name

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

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

Lisa M. Bouldin ^{LMB} president

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 STREET ADDRESS CITY-ST-ZIP	P BOULDIN, LISA 33242 FORREST RIDGE RD. DELAND FL 32720	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Lisa M. Bouldin ^{LMB} president 7-23-00 352-357-1603

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90148 001 ***150.00

ADD 100000



DO NOT WRITE IN THIS SPACE

CP: 0-4 (5/00)

**Division of corporations
PO box 1500
Tallahassee Florida
32302-1500**

LMB Painting Inc. *ATTACHED
D#P9900081*
33242 Forest Ridge road
Deland FL 32720-6190 *A007005C*

July 21, 2000

Division of corporations

Dear Sir or Madam:

I am writing because I never received a first notice of the 2000 uniform business report. I live in a rural postal area and sometimes do not receive my mail. The address on the second notice is incorrect as well. I am a brand new corporation and had no knowledge of this report. I called the 800 number on this form and the woman I spoke to advised me to write this letter and enclose a check for 150 dollars. Thank you.

Sincerely, Lisa M. Bouldin



Lisa M. Bouldin

President