

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90114 026 ***150.00

DOCUMENT # P99000092332

1. Entity Name

PRIME TIME PAINTING INC

Principal Place of Business

Mailing Address

P.O. BOX 1965
 SANTA ROSA BEACH FL 32459

P.O. BOX 1965
 SANTA ROSA BEACH FL 32459-1965

2. Principal Place of Business

3. Mailing Address

130 Thompson Rd.

P.O. 1965

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

S.R.B. FL

City & State

S.R.B. FL

Zip
32459

Country

Walton

Zip

32459

Country

Walton

4. FEI Number

593606317

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FARRISH, AUDREY
804 CHURCHILL BAYOU RD.
SANTA ROSA BEACH FL 32459

7. Name and Address of New Registered Agent

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

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	GERLOFF, DORSIA D	
STREET ADDRESS	P.O. BOX 1965 N/A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GERLOFF, MATTHEW J	
STREET ADDRESS	130 THOMPSON RD.	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
TITLE	FERL	<input type="checkbox"/> Delete
NAME	OFF, MARION J	
STREET ADDRESS	P.O. BOX 1965 N/A	
CITY-ST-ZIP	SANTA ROSA BEACH FL 32459	
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		
CITY-ST-ZIP		
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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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Dorsia D Gerloff
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00
 Date

8502673318
 Daytime Phone #

CR2E034 (9/99)