

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 20, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000096250****1. Entity Name**
ED COLOR FINISHES, INC.

Principal Place of Business 2447 WICKHAM ROAD NORTH, #138 MELBOURNE FL 32935	Mailing Address 2447 WICKHAM ROAD NORTH, #138 MELBOURNE FL 32935
---	---

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
59-3606819Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentEATON CHRISTINA LYNN
2447 WICKHAM ROAD NORTH, #138

MELBOURNE FL 32935**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 CHRISTINA EATON****04/20/2000**

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	D	<input type="checkbox"/> Delete
NAME	NUNLEY DOYLE ZANDRA G	
STREET ADDRESS	2257 FLOWER TREE CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	D	<input type="checkbox"/> Delete
NAME	EATON CHRISTINA LYNN	
STREET ADDRESS	2257 FLOWER TREE CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	

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		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NUNLEY DOYLE ZANDRA G	
STREET ADDRESS	2257 FLOWER TREE CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EATON CHRISTINA LYNN	
STREET ADDRESS	2257 FLOWER TREE CIRCLE	
CITY-ST-ZIP	MELBOURNE FL 32935	

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
NAME		
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** Christine Eaton**P** 04/20/2000