## 2000 UNIFORM BUSINESS REPORT (UBR)

## Jul 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000097749** 1. Entity Name TACZAK PAINTING, INC. 07-25-2000 90002 033 \*\*\*550.00 Principal Place of Business Mailing Address 80 BONNIE LOCH COURT **80 BONNIE LOCH COURT** ORLANDO FL 32806 ORLANDO FL 32806 2. Principal Place of Business Mailing Address Avenue 1700 White 934 Bradshaw Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State tano Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PITTS, NEAL Street Address (P.O. Box Number is Not Acceptable) **80 BONNIE LOCH COURT** ORLANDO FL 32806 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change Addition President TITLE □ Delete NAME NAME Stephen Taczak STREET ADDRESS STREET ADDRESS Brudshaw Terrace CITY-ST-ZIP CITY-ST-7IP ando FL Addition Change Delete TITLE vice President NAME Daniel Taczak 921 Brudshaw Tenrice 1700 While Avenue STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Orlando Secretary / Treasurer ☐ Delete Change Addition TITLE Kimberly S. Tuczak 924 Brudshaw Terrace S TUCZAK NAME NAME STREET ADDRESS STREET ADDRESS Orlando PL 32806 CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change □ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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