

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102504

1. Entity Name
EAST COAST SEMINOLE PAINTING SERVICE, INC.

R

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

07-28-2000 90004 037 ***150.00

Principal Place of Business

~~9741 BAYMEADOWS ROAD, STE 308~~
~~JACKSONVILLE FL 32256~~

Mailing Address

~~9741 BAYMEADOWS ROAD, STE 308~~
~~JACKSONVILLE FL 32256~~

2. Principal Place of Business

572 S. McCargo St.

3. Mailing Address

572 S. McCargo St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3616359

Applied For

Not Applicable

Zip

32220

Country

USA

Zip

32220

Country

USA

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

PLEIMAN, THOMAS C JR.
9741 BAYMEADOWS ROAD, STE 308
JACKSONVILLE FL 32256

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 \$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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Anthony W. O'Neil
572 McCargo St.
Jacksonville, FL 32220 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Samuel Vinson
572 McCargo St.
Jacksonville, FL 32220 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00

Date

904-781-0179

Daytime Phone #

1001514301240

Attachment
DH#99000102504
DW75078

East Coast Seminole Painting Service, Inc.
572 S. McCargo Street
Jacksonville, FL 32220

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Gentlemen:

Please find enclosed our check for \$150.00 together with a completed application for reinstatement. I hereby request that all penalties be abated in their entirety due to the fact that we never received the corporation annual report and were unable to file on a timely basis through no fault of our own.

Please note the changes on our 2000 Uniform Business Report and change your records to reflect the correct address as listed above and use this address for all future correspondence.

Sincerely,



Anthony W. O'Neil
President