

2000 UNIFORM BUSINESS REPORT (UBR)

2/16/00

FILED**Apr 27, 2000 8:00 am**
Secretary of State

02-16-2000 90121 011 ***150.00

DOCUMENT # P99000110204

1. Entity Name

TRIPLE OAKS PAINTING, INC.

Principal Place of Business

10430 NORTH WISE OWL POINT DRIVE
DUNNELLON, FL 34434

Mailing Address

10430 NORTH WISE OWL POINT DRIVE
DUNNELLON FL 34434

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3614471

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERRY, JADE
10430 NORTH WISE OWL POINT DRIVE
DUNNELLON FL 34434

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 JADE A. PERRY
Signature, typed or printed name of registered agent and tax filer (if applicable)

(NOTE: Registered agent signature required when reinstating)

2-11-00
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPRESIDENT
JADE A. PERRY
10430 N. WISE OWL PT
DUNNELLON, FL 34434 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV.P. & JT
WENDY LEA WINSTED
8940 S. KIMBERLY CIRCLE
FLORAL CITY, FL 34436 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPV.P. OF OPERATIONS
RICHARD D. HART JR.
3505 E. HWY 316
CITRA, FL 32113 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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 637, 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

Date

Daytime Phone #

CR2E034 (9/99)