

# 2000 UNIFORM BUSINESS REPORT (UBR)

4

DOCUMENT # P99000111531.

1. Entity Name

EWERS CUSTOM PAINTING & PRESSURE WASHING INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

04-07-2000 90015 003 \*\*\*150.00

Principal Place of Business  
453 WILDWOOD DRIVE  
ST AUGUSTINE FL 32086

Mailing Address  
453 WILDWOOD DRIVE  
ST AUGUSTINE FL 32086



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
453 Wildwood Drive

3. Mailing Address  
453 Wildwood Drive

City & State  
St. Augustine, Fl.  
Zip  
32086

City & State  
St. Augustine, Fl.  
Zip  
32086

4. FEI Number  
593622281

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BURN, NANCY J  
2203N PONCE DE LEON BLVD  
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name  
David C. Ewers  
Street Address (P.O. Box Number is Not Acceptable)  
453 Wildwood Drive  
City  
St. Augustine FL Zip Code  
32086

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 David C. Ewers OWNER  
Signature, typed or printed name of registered agent and title if applicable

4/4/2000  
DATE

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> P/D PRESIDENT/OWNER David C. Ewers 453 Wildwood Drive. St. Augustine, Fl. 32086	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: David C. Ewers DAVID C. EWERS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/2000 (904) 794-5039  
Date Telephone #

CR2E034 (9/99)