

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19201

1. Entity Name

TAMPA BAY COLOR MATCH, CO.

FILED

Feb 29, 2000 8:00 am  
Secretary of State

02-29-2000 90111 025 \*\*\*150.00

Principal Place of Business

7650 ISABELLA DR

~~APT 6~~  
~~PORT RICHEY FL 34668~~  
~~US~~

Mailing Address

7650 ISABELLA DR

~~APT 6~~  
~~PORT RICHEY FL 34668 7080~~  
~~US~~

2. Principal Place of Business

9141 FARMINGTON LN

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip 34668

Country

3. Mailing Address

9141 FARMINGTON LN

Suite, Apt. #, etc.

City & State

PORT RICHEY FL

Zip 34668

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3043297

Applied For

Not Applicable

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

BOURDON, FRANCOIS

~~7650 ISABELLA DR~~ 9141 FARMINGTON LN  
~~APT 6~~  
~~PORT RICHEY FL 34668~~ PORT RICHEY FL 34668

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME BOURDON, FRANCOIS  
STREET ADDRESS ~~7650 ISABELLA DR, APT 6~~  
CITY-ST-ZIP ~~PORT RICHEY FL 34668~~

TITLE ☒ Change ☐ Addition  
NAME 9141 FARMINGTON LN  
STREET ADDRESS PORT RICHEY FL 34668  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME BOURDON, FRANCE  
STREET ADDRESS ~~7650 ISABELLA DR, APT 6~~  
CITY-ST-ZIP ~~PORT RICHEY FL 34668~~

TITLE ☒ Change ☐ Addition  
NAME 9141 FARMINGTON LN  
STREET ADDRESS PORT RICHEY FL 34668  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000

727-  
842-9340

CR2E034 (9/99)