

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L94832

1. Entity Name
PAINTER ASSOCIATES, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90040 044 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12941 CHERRYDALE COURT
FT MYERS FL 33919
US

Mailing Address
P O BOX 61042
N FT MYERS FL 33906-1042
US

2. Principal Place of Business
8549 BRITANIA DR.
Suite, Apt. #, etc.

3. Mailing Address
PO Box 61042
Suite, Apt. #, etc.

City & State
FT MYERS FLORIDA

City & State
FT MYERS FL

Zip
33912

Country
USA

Zip
33906-1042

Country
USA

4. FEI Number 59-3060396

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINDA C PAINTER
8549 BRITANIA DR
FT MYERS FL 33912

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 *Linda C Painter* LINDA C PAINTER DATE 3-31-01

(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, 2001 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	PTDD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LINDA C PAINTER		NAME		
STREET ADDRESS	12941 CHERRYDALE COURT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP		
TITLE	VPDD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DONALD PAINTER		NAME		
STREET ADDRESS	12941 CHERRYDALE COURT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33919		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Donald N. Painter* DONALD N. PAINTER Pres. 3-31-01 941-768-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)