## 2001 UNIFORM BUSINESS REPORT (UBR)

## Mar 15, 2001 8:00 am DOCUMENT # P0000094172 **Secretary of State** A & M PAINTING CONTRACTORS, INC. 03-15-2001 90214 022 \*\*\*150.00 Principal Place of Business Mailing Address 1100 SEAGATE AVENUE 1100 SEAGATE AVENUE NEPTUNE BEACH FL 32266 NEPTUNE BEACH FL 32266 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State. Applied For 59-3675050 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDIOLA, MICHAEL L Street Address (P.O. Box Number is Not Acceptable) 1100 SEAGATE AVENUE #110 **NEPTUNE BEACH FL 32266** City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5:00 May Be 10.-Election Campaign Financing Tax filling requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. President CR2E034 (10/00) TITLE ☐ Delete TITLE michael mendiola NAME NAME 1100 Seagate Avenue #110 STREET ADDRESS STREET ADDRESS Neptune Beach, FL 32266 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filling 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 empoweded 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 fall other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGN TURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

0 1-12-0 1904 568-646

☐ Change

☐ Addition