

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005147

1. Entity Name

M.E.C. THERMAL SPRAY, INC.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90051 046 \*\*\*550.00

Principal Place of Business

Mailing Address

1889 RT. 9 UNIT 49  
TOMS RIVER NJ 08755

1889 RT. 9 UNIT 49  
TOMS RIVER NJ 08755-1274

2. Principal Place of Business

3. Mailing Address

4201 ST. LUCIE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

FORT PIERCE FL

4. FEI Number

22-3499662

Applied For

Not Applicable

Zip

Country

Zip

Country

34946

ST. LUCIE

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

AUSTIN, CHRISTINA  
4201 B ST. LUCIE BLVD.  
FORT PIERCE FL 34946

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 PC  
NAME KULKASKI, RICHARD  
STREET ADDRESS 1210 GANNET COURT  
CITY-ST-ZIP FORKED RIVER NJ 08731

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VCVT  
NAME SZAPUCKI, MATTHEW  
STREET ADDRESS 1282 WEST TODD ROAD  
CITY-ST-ZIP TOMS RIVER NJ 08755

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S  
NAME PAVAO, LYNDIA  
STREET ADDRESS 519 NORTHERN BLVD.  
CITY-ST-ZIP BAYVILLE NJ 08721

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
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 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 #

CR2E034 (9/99)