


**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90223 002 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**70038999**

DOCUMENT #  
 1. Entity Name  
 P-95000063855  
 Weathershield Coatings, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
 1401 Atlanta Ave.  
 Suite, Apt. #, etc.

3. Mailing Address  
 PO Box 161405  
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State: Orlando, FL  
 City & State: Altamonte Springs, FL  
 4. FEI Number: 59-3330484  
 Applied For: Not Applicable

Zip: 32806  
 Country: Orange  
 Zip: 32716-1405  
 Country: Seminole

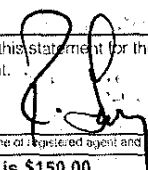
5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Robert L. Levy  
 Street Address (P.O. Box Number is Not Acceptable): 136 Harrogate Place  
 City: Longwood FL Zip Code: 32779

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 4/7/03

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS |                      |                |  |
|----------------------------|----------------------|----------------|--|
| TITLE                      | Robert L. Levy P.D.S | TITLE          |  |
| NAME                       |                      | NAME           |  |
| STREET ADDRESS             | 136 Harrogate Pl     | STREET ADDRESS |  |
| CITY-ST-ZIP                | Longwood, FL 32779   | CITY-ST-ZIP    |  |
| TITLE                      | Lynne Levy V         | TITLE          |  |
| NAME                       |                      | NAME           |  |
| STREET ADDRESS             | 136 Harrogate Pl     | STREET ADDRESS |  |
| CITY-ST-ZIP                | Longwood, FL 32779   | CITY-ST-ZIP    |  |
| TITLE                      | Carl H. Lueck V, D   | TITLE          |  |
| NAME                       |                      | NAME           |  |
| STREET ADDRESS             | 7100 Lake Ola Dr.    | STREET ADDRESS |  |
| CITY-ST-ZIP                | Mt. Dora, FL 32757   | CITY-ST-ZIP    |  |
| TITLE                      |                      | TITLE          |  |
| NAME                       |                      | NAME           |  |
| STREET ADDRESS             |                      | STREET ADDRESS |  |
| CITY-ST-ZIP                |                      | CITY-ST-ZIP    |  |
| TITLE                      |                      | TITLE          |  |
| NAME                       |                      | NAME           |  |
| STREET ADDRESS             |                      | STREET ADDRESS |  |
| CITY-ST-ZIP                |                      | CITY-ST-ZIP    |  |

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  Robert L. Levy DATE: 4/7/03 DAYTIME PHONE #: 321-303-3003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)