

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L45489**

1. Entity Name

SEALCOAT SUPPLIES OF PINELLAS, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90004 011 ***150.00

Principal Place of Business

Mailing Address

9075-D 130TH AVENUE NORTH
LARGO FL 337739075-D 130TH AVENUE NORTH
LARGO FL 33773-1405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2987912**Applied For
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLANCHARD, SCOTT
5409 SAN LUIS ROAD
HOLIDAY 34691**1432**Name **Blanchard, Scott**
Street Address (P.O. Box Number is Not Acceptable)**1432 Flotilla DR.**City **Holiday****FL**Zip Code **34690**

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

S. Blanchard **Scott Blanchard** **PRESIDENT****2/4/2000**

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 State10. 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 **D** ☒ Delete
NAME **BLANCHARD, SCOTT**
STREET ADDRESS **5409 SAN LUIS RD**
CITY-ST-ZIP **HOLIDAY FL**TITLE **PRESIDENT** ☒ Change ☐ Delete
NAME **Blanchard SCOTT**
STREET ADDRESS **1432 Flotilla DR.**
CITY-ST-ZIP **Holiday, FL 34690**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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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:

S. Blanchard **Scott Blanchard** **PRESIDENT****2-4-2000**

Date

727-586-2600

Daytime Phone #