

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90068 021 \*\*\*150.00

DOCUMENT # PO1000002974 ✓  
1. Entity Name

A-Quality Seal Coating + Stripping Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 2329 Seven Springs Blvd  
Suite, Apt. #, etc.

3. Mailing Address 2329 Seven Springs Blvd  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NEW PORT RICHEY FL  
Zip 34655 Country

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4. FEI Number 59-3690279  
Applied For  Not Applicable

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 LEONARD TRUBIA  
Street Address (P.O. Box Number is Not Acceptable) 2329 SEVEN SPRINGS BLVD  
City NEW PORT RICHEY FL Zip Code 34655

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] LEONARD TRUBIA PRESIDENT 4-23-02  
(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)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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**

TITLE	<u>PST</u>
NAME	<u>LEONARD TRUBIA</u>
STREET ADDRESS	<u>2329 SEVEN SPRINGS BLVD</u>
CITY-ST-ZIP	<u>NEW PORT RICHEY FL 34655</u>
TITLE	<u>V</u>
NAME	<u>FRANK TRUBIA</u>
STREET ADDRESS	<u>2329 SEVEN SPRINGS BLVD</u>
CITY-ST-ZIP	<u>NEW PORT RICHEY FL 34655</u>
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] LEONARD TRUBIA 4-23-02 727-372-1236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #  
PRESIDENT

CFR2E034B (12/01)