

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2002 8:00 am
Secretary of State

06-11-2002 90394 046 ***550.00

DOCUMENT # P01000097701

1. Entity Name
AMERICAN COATING SYSTEMS, INC.

Principal Place of Business
14607 MASCOTTE EMPIRE ROAD
GROVELAND FL 34736

Mailing Address
14607 MASCOTTE EMPIRE ROAD
GROVELAND FL 34736

2. Principal Place of Business
9744 State Road 33
 Suite, Apt. #, etc.

3. Mailing Address
9744 State Road 33
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Groveland, Fla.
 Zip
34736
 Country
U.S.A

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Groveland, Fla.
 Zip
34736
 Country
U.S.A

4. FEI Number
59-3747922

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CRAIG, RUTH E
14607 MASCOTTE EMPIRE ROAD
GROVELAND FL 34736

7. Name and Address of New Registered Agent

Name
Mary Lou Jenkins
 Street Address (P.O. Box Number is Not Acceptable)
9744 State Road 33
 City
Groveland FL Zip Code
34736

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 *Mary Lou Jenkins* *Mary Lou Jenkins President*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE
June 6, 02

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAIG, RUTH E 14607 MASCOTTE EMPIRE ROAD GROVELAND FL 34736	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CRAIG, KYLE L 14607 MASCOTTE EMPIRE ROAD GROVELAND FL 34736	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEWELL, BILLY J POST OFFICE BOX 395 MASCOTTE FL 34753	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mary Lou Jenkins 9744 State Road 33 Groveland, Fla. 34736	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Billy J. Jewell 9744 State Road 33 Groveland, Fla. 34736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Billy J. Jewell* **BILLY J. JEWELL, V.P.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **June 6, 02** 352-516-0211
 DATE DAYTIME PHONE #

CR2E034 (9/01)