

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 250795

1. Entity Name

INLAND SEALCOATING, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90057 047 \*\*\*150.00

Principal Place of Business  
1341 NORTHEAST 46TH STREET  
% JOHN BRKLACIC  
FORT LAUDERDALE FL 33334

Mailing Address  
1341 NORTHEAST 46TH STREET  
% JOHN BRKLACIC  
FORT LAUDERDALE FLA 33334-4256

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number 59-0943888

Applied For  
Not Applicable

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

PATCHETT, CAROL  
2312 NE 15 TERRACE  
WILTON MANORS FL 33305

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

TITLE C  
NAME BRKLACIC, JOHN  
STREET ADDRESS 1341 NE 46TH ST  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE PD  
NAME BRKLACIC, ROBERT  
STREET ADDRESS 920 NE 37TH ST  
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE VPTS  
NAME PATCHETT, CAROL  
STREET ADDRESS 2312 NE 15 TERR  
CITY-ST-ZIP WILTON MANORS FL ☐ Delete

TITLE D  
NAME BRKLACIC, RICK  
STREET ADDRESS 2017 NE 22ST  
CITY-ST-ZIP WILTON MANORS FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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)(j), 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 #

4/10/2000 954-771-4545

CR2E034 (9/99)