

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90285 021 ***158.75

955309

DO NOT WRITE IN THIS SPACE

DOCUMENT # 281124			
1. Entity Name CORONADO PAINT COMPANY, INC.			
Principal Place of Business 308 OLD COUNTY ROAD EDGEWATER FL 32132-1812		Mailing Address 308 OLD COUNTY ROAD EDGEWATER FL 32132-1812	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-1051735		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEEBNER, PETER B. 523 NORTH HALIFAX AVENUE DAYTONA FL 32018-32118		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32118	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOSSETT, CHRISTIAN 308 OLD COUNTRY RD EDGEWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 Old Cnty Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KEESECKER, ROBERT 308 OLD COUNTRY RD EDGEWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 308 Old Cnty Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSHELL, GREG 48 WALKER STREET CANADA BAY NS <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Director Andrew Davidson 4 Steel St Blacktown, Australia 2148
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DILL, DAVID 308 OLD COUNTY ROAD EDGEWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Assistant Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHORT, HERBERT 999 PEACHTREE ST. NE ATLANTA GA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ass. Start Secretary
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: Robert B. Keesacker		4/27/00 (904) 428-6461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	