

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 281124**

1. Entity Name

CORONADO PAINT COMPANY, INC.**FILED**
Mar 02, 2001 8:00 am
Secretary of State

03-02-2001 90040 004 ***158.75

925048

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1051735**

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

**HEEBNER, PETER B.
523 NORTH HALIFAX AVENUE
DAYTONA FL 32118**

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BOSSETT, CHRISTIAN	
STREET ADDRESS	308 OLD COUNTY RD	
CITY-ST-ZIP	EDGEWATER FL 32132	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hedler, Robert L.	
STREET ADDRESS	308 Old County Rd.	
CITY-ST-ZIP	Edgewater FL 32132	

TITLE	TS	<input type="checkbox"/> Delete
NAME	KEESECKER, ROBERT	
STREET ADDRESS	308 OLD COUNTY RD	
CITY-ST-ZIP	EDGEWATER FL 32132	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, ANDREW	
STREET ADDRESS	4 STEEL ST	
CITY-ST-ZIP	BLACKTOWN AU 2148	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AS	<input type="checkbox"/> Delete
NAME	DILL, DAVID	
STREET ADDRESS	308 OLD COUNTY ROAD	
CITY-ST-ZIP	EDGEWATER FL	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Edgewater, FL 32132	

TITLE	S	<input type="checkbox"/> Delete
NAME	SHORT, HERBERT	
STREET ADDRESS	999 PEACHTREE ST. NE	
CITY-ST-ZIP	ATLANTA GA	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	Atlanta, GA 30309-3996	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Robert P. Keesacker Robert P. Keesacker 2/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)