

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2002 8:00 am
Secretary of State
 04-04-2002 90010 027 ***158.75

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1051735**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **PD HECHLER, ROBERT L**
 STREET ADDRESS **308 OLD COUNTY RD**
 CITY-ST-ZIP **EDGEWATER FL 32132**

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

TITLE ☐ Delete
 NAME **TS KEESECKER, ROBERT**
 STREET ADDRESS **308 OLD COUNTY RD**
 CITY-ST-ZIP **EDGEWATER FL 32132**

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

TITLE ☒ Delete
 NAME **D DAVIDSON, ANDREW**
 STREET ADDRESS **4 STEEL ST**
 CITY-ST-ZIP **BLACKTOWN AU 2148**

TITLE ☐ Change ☒ Addition
 NAME **D Warren Phillips**
 STREET ADDRESS **4 Steel ST**
 CITY-ST-ZIP **BlackTown, Australia 2148**

TITLE ☐ Delete
 NAME **AS DILL, DAVID**
 STREET ADDRESS **308 OLD COUNTY ROAD**
 CITY-ST-ZIP **EDGEWATER FL 32132**

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

TITLE ☐ Delete
 NAME **S SHORT, HERBERT**
 STREET ADDRESS **999 PEACHTREE ST. NE**
 CITY-ST-ZIP **ATLANTA GA 30309-3996**

TITLE ☒ Change ☐ Addition
 NAME **AS**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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. Keesecker 3/19/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)