

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90176 026 ***150.00

DOCUMENT # 359567

1. Entity Name

GENERAL CAULKING & COATINGS CO., INC.

Principal Place of Business

Mailing Address

**20444 NE 15 CT
 MIAMI FL 33179**

**20444 NE 15 CT
 MIAMI FLA 33179-2708**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1284060

Applied
 Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDREWS, HORACE, JR
 13320 SW 16 CT
 DAVIE FL 33325**

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 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	TD	<input type="checkbox"/> Delete
NAME	KANISTRAS, GEORGE	
STREET ADDRESS	605 CHAPMAN RD	
CITY-ST-ZIP	OVIEDO, FL 00000	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KANISTRAS, GEORGE	
STREET ADDRESS	605 CHAPMAN RD	
CITY-ST-ZIP	OVIEDO, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ANDREWS, HORACE S, JR	
STREET ADDRESS	13320 SW 16 CT	
CITY-ST-ZIP	DAVIE, FL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TOWNSON, TERRY	
STREET ADDRESS	733 HARBOR POINT DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410	
TITLE	V	<input type="checkbox"/> Delete
NAME	ENGELKE, MICHAEL	
STREET ADDRESS	6829 VERONESE ST.	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Horace S. Andrews, Jr.
REGISTERED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/00
 Date

(305) 652-1021
 Daytime Phone #

HORACE S. ANDREWS, JR - PRESIDENT