

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90015 031 ***150.00

0469345
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DOCUMENT # 428905
 1. Entity Name
FLORIDA PROTECTIVE COATINGS, INC.

Principal Place of Business Mailing Address
1750 N. BELCHER ROAD 1750 N. BELCHER ROAD
CLEARWATER FL 33765 CLEARWATER FL 33765

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 **59-1465910** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ARNER, GERRY
1034 CHINABERRY ROAD
CLEARWATER FL 34624

7. Name and Address of New Registered Agent

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	ARNER, GERRY L	
STREET ADDRESS	1034 CHINABERRY RD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	ST	<input type="checkbox"/> Delete
NAME	ARNER, LOIS R	
STREET ADDRESS	1034 CHINABERRY ROAD	
CITY-ST-ZIP	CLEARWATER FL 33764	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARNER, DAVID S	
STREET ADDRESS	255 DUNBRIDGE DR	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARNER, MICHAEL E	
STREET ADDRESS	993 CEDARWOOD DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 727-446-8840

Date

Daytime Phone #

CR2E034 (9/01)