

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90192 046 ***150.00

0493168 AV

DOCUMENT # 428905

1. Entity Name
FLORIDA PROTECTIVE COATINGS, INC.



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

Mailing Address
**1750 N. BELCHER ROAD
CLEARWATER FL 33765**

2. Principal Place of Business

2077 Sunnydale Blvd
Suite, Apt. #, etc.

3. Mailing Address

2077 Sunnydale Blvd.
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Clearwater, Fla.

Zip
33765

Country

USA

City & State

Clearwater, Fla.

Zip
33765

Country

USA

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Gerry Arner**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ARNER, GERRY L**
STREET ADDRESS **1034 CHINABERRY RD**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE **ST** ☒ Delete
NAME **ARNER, LOIS R**
STREET ADDRESS **1034 CHINABERRY ROAD**
CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gerry Arner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-03
Date

727-446-8840
Daytime Phone #

CR2E034 (10/02)