

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 516718

1. Entity Name

IMPERIAL & EMPIRE SPRAY COATING, INC.

**FILED**  
May 03, 2000 8:00 am  
Secretary of State

05-03-2000 90033 035 \*\*\*150.00

Principal Place of Business

Mailing Address

6465 123RD AVENUE  
LARGO FL 34643-3608

6465 123RD AVENUE  
LARGO FL 33773-3608

2. Principal Place of Business

7000 BRYAN DAIRY ROAD

3. Mailing Address

7000 BRYAN DAIRY ROAD

Suite, Apt. #, etc.

# A-11

Suite, Apt. #, etc.

# A-11

City & State

LARGO, FL

City & State

LARGO, FL

Zip

33777

Country

PINELLAS

Zip

33777

Country

PINELLAS



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1696437

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FAZIO, CHARLES M. JR.  
6465-123 AVE N  
LARGO FL FL 33543

7. Name and Address of New Registered Agent

Name

JOSEPH J. GAVIGAN

Street Address (P.O. Box Number is Not Acceptable)

7000 BRYAN DAIRY ROAD

# A-11

City

LARGO

FL

Zip Code

33777

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

JOSEPH J. GAVIGAN PRES.

*[Signature]*

4-24-00

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

(NOTE: Registered Agent signature required when re-stating)

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 Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	GAVIGAN, JOSEPH J	
STREET ADDRESS	6465-123 AVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FAZIO, CHARLES M, JR	
STREET ADDRESS	6465-123 AVE N	
CITY-ST-ZIP	LARGO FL 33773	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAVIGAN, JOSEPH J.	
STREET ADDRESS	7000 BRYAN DAIRY RD. #A-11	
CITY-ST-ZIP	LARGO, FL 33777	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAZIO, CHARLES M. JR.	
STREET ADDRESS	7000 BRYAN DAIRY RD. #A-11	
CITY-ST-ZIP	LARGO, FL 33777	
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		
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		

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:

JOSEPH J. GAVIGAN

Date

Daytime Phone #

4-24-00 727-548-4933

CR2E034 (9/99)