

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 548072  
1. Entity Name  
Epoxies Unlimited, Inc.

Principal Place of Business Mailing Address  
1251 Burlington St. 1251 Burlington St.  
Opaloka, FL 33054 Opaloka, FL 33054

2. Principal Place of Business 3. Mailing Address  
1251 Burlington St. 1251 Burlington St.  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
Opaloka, FL Opaloka, FL  
Zip Zip  
33054 33054  
Country Country  
USA USA

4. FEI Number 59-2443097 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent  
Richard Touby  
19 West Flagler St. Suite 907  
Miami, FL 33130

7. Name and Address of New Registered Agent  
Name Same  
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 NA  
(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, 2001, Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing \$5.00 May Be  
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Chief Executive Officer & Director		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Richard Touby		NAME	300004560203-1	
STREET ADDRESS	19 West Flagler St. Suite 907		STREET ADDRESS	-08/28/01--01068--017	
CITY-ST-ZIP	Miami, FL 33130		CITY-ST-ZIP	****122.50 *****61.25	
TITLE	Chief Operating Officer <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tanina Lutz		NAME	LS	
STREET ADDRESS	1251 Burlington St.		STREET ADDRESS		
CITY-ST-ZIP	Opaloka, FL 33054		CITY-ST-ZIP		
TITLE	Executive Vice President <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Germania Hernandez		NAME		
STREET ADDRESS	1251 Burlington St.		STREET ADDRESS		
CITY-ST-ZIP	Opaloka, FL 33054		CITY-ST-ZIP		
TITLE	Vice President <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry L. Hayes		NAME		
STREET ADDRESS	1251 Burlington St.		STREET ADDRESS		
CITY-ST-ZIP	Opaloka, FL 33054		CITY-ST-ZIP		
TITLE	Secretary <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James H. Catlett		NAME		
STREET ADDRESS	1251 Burlington St.		STREET ADDRESS		
CITY-ST-ZIP	Opaloka, FL 33054		CITY-ST-ZIP		
TITLE	Comptroller & Treasurer <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maurice Williams		NAME		
STREET ADDRESS	1251 Burlington St.		STREET ADDRESS		
CITY-ST-ZIP	Opaloka, FL 33054		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: Maurice Williams CEO 8/10/01 (305) 373-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)