

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 701235

1. Entity Name

FLORIDA PAINT AND COATINGS ASSOCIATION INC.

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90013 044 ****61.25

Principal Place of Business

101 WAYNE PLACE
TAMPA FL 33619
US

Mailing Address

101 WAYNE PLACE
TAMPA FL 33619
US

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALLEN, DARYL A
GULF COAST CHEMICAL CO.
101 WAYNE PLACE
TAMPA FL 33619

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

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	DALY, PAUL	
STREET ADDRESS	1880 NW 18 ST	
CITY-ST-ZIP	POMPAÑO BCH FL 33069	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEININGAN, GREG	
STREET ADDRESS	4590 60 AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BALOGA, MARTY	
STREET ADDRESS	9180 35TH STREET NORTH	
CITY-ST-ZIP	PINELLAS PARK FL 33782	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	CARRILLO, VIC	
STREET ADDRESS	7210 N.W. 77 STREET	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE	D	<input type="checkbox"/> Delete
NAME	DHAWAN, RAJENDRA	
STREET ADDRESS	308 OLD COUNTY ROAD	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	D	<input type="checkbox"/> Delete
NAME	PESOLA, PHILIP	
STREET ADDRESS	3710 N.W. COUNTY HIGHWAY 326	
CITY-ST-ZIP	OCALA FL 32678	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, PAUL	
STREET ADDRESS	1880 NW 18 ST	
CITY-ST-ZIP	POMPAÑO BCH FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEININGER, GREGG	
STREET ADDRESS	4590 60TH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33714	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIMM, DOUG	
STREET ADDRESS	703 SOUTH STREET	
CITY-ST-ZIP	NEW-SMYRNA-BEACH FL 32168	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHUMATE, DAVID	
STREET ADDRESS	306 GANDY ROAD	
CITY-ST-ZIP	AUBURNDALÉ FL 33823	
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		

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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/00

727-527-3382

Date

Daytime Phone #

CR2E037 (5/00)