

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 834330

1. Entity Name

MANSFIELD INDUSTRIAL COATINGS, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90226 049 ***150.00

Principal Place of Business

Mailing Address

1325 W DETROIT BLVD
P O BOX 6205 BRENT STATION
PENSACOLA FL 32534
US

PO BX 6205 BRENT STATION
P O BOX 6205 BRENT STATION
PENSACOLA FL 32503-0205
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

59-1584282

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

MANSFIELD, TEDDY LYNN
3251 E KINGSFIELD
PENSACOLA FL 32514

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME MANSFIELD, TEDDY L
STREET ADDRESS 3251 E KINGSFIELD RD
CITY-ST-ZIP PENSACOLA FL ☐ Delete

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

TITLE VD
NAME MANSFIELD, ROY DEAN
STREET ADDRESS 3931 POINT RD
CITY-ST-ZIP MOBILE AL 36619 ☐ Delete

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

TITLE VSTD
NAME TOMSON, ALAN A.
STREET ADDRESS 3324 MILLS BAYOU DRIVE
CITY-ST-ZIP MILTON FL ☒ Delete

TITLE SECRETARY / TREASURER
NAME VEZINAT, M. Cecile
STREET ADDRESS 3338 PURSEL
CITY-ST-ZIP PENSACOLA, FL 32526 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *M. Cecile Vezinat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-00 850-477-6437
Date Daytime Phone #

CR2E034 (9/99)