

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 08, 2002 8:00 am
Secretary of State

07-08-2002 90236 042 ***558.75

DOCUMENT # *F01000006397*
1. Entity Name
WEATHERTIGHT COATINGS, INC.

DO NOT WRITE IN THIS SPACE

80127409

2. Principal Place of Business
155 ROUTE 46 WEST

3. Mailing Address
SAME

Suite, Apt. #, etc.
SUITE 101 A PLAZA II

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WAYNE, NEW JERSEY

City & State

4. FEI Number
22-3070832

Applied For
Not Applicable

Zip
07470

Country
USA

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ROCKY RELLA

Street Address (P.O. Box Number is Not Acceptable)
5328 B LAKEFRONT BLVD.

City DELRAY BEACH FL Zip Code 33484

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7-2-02

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JEANNE S. FREY
P.O. BOX 175
OAKRIDGE, NJ 07438

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeanne S. Frey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE S. FREY

07/02/02 973-890-7200

Date

Daytime Phone #

CR2E034B (12/01)