

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90121 015 ***150.00

DOCUMENT # F02000001544
1. Entity Name
A TO Z COATINGS & SONS, INC.



Principal Place of Business
**11 E. LATHROP AVENUE
SAVANNAH GA 31415**

Mailing Address
**11 E. LATHROP AVENUE
SAVANNAH GA 31415**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1147
Suite, Apt. #, etc.

City & State
Savannah Ga

Zip
31402-1147

Country
USA

4. FEI Number
58-2092732

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SCHENK, RICHARD J
5205 HAMMOCK CIRCLE
ST. CLOUD FL 34771**

7. Name and Address of New Registered Agent
Name **TERISTA M Robb**
Street Address (P.O. Box Number is Not Acceptable)
1775 Harbor Rd.
City **Kissimmee** FL Zip Code **34746**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Terista M Robb* **TERISTA M Robb, Secretary** **2/5/2003**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PV	<input type="checkbox"/> Delete
NAME	ROBB, GERALD J JR.	
STREET ADDRESS	914 W. GROVE STREET	
CITY-ST-ZIP	CLARKS SUMMIT PA 18411	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBB, TESSIE	
STREET ADDRESS	45 RED FOX DR.	
CITY-ST-ZIP	SAVANNAH GA 31419	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERISTA M. Robb	
STREET ADDRESS	1775 Harbor Rd.	
CITY-ST-ZIP	Kissimmee FL 34746	
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		

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 607, 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: *Gerald J Robb Jr* **Gerald J Robb Jr** **2/5/2003** **570-586-2213**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)