

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 05, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F93000000598**1. Entity Name  
PROFESSIONAL COATING MANAGEMENT, INC.Principal Place of Business  
P. O. BOX 916316  
LONGWOOD FL 32791 US  
Mailing Address  
P. O. BOX 916316  
LONGWOOD FL 32791 US2. Principal Place of Business  
P. O. BOX 772661  
Suite, Apt. #, etc.3. Mailing Address  
P. O. BOX 772661  
Suite, Apt. #, etc.City & State  
ORLANDO FLCity & State  
ORLANDO FLZip Country  
32877 USZip Country  
32877 US4. FEI Number  
**54-1509435**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**NELSON GREGORY D.  
605 GREEN BRIAR BLVD  
ALTAMONTE SPRINGS FL 32714**7. Name and Address of New Registered Agent**Name  
NELSON GREGORY D.  
Street Address (P.O. Box Number is Not Acceptable)  
1919 TIPTREE CIRCLE  
City  
ORLANDO FL Zip Code  
32837

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 **GREGORY D. NELSON****04/05/2001**

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, 2001 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**TITLE PS ☐ Delete  
NAME NELSON GREGORY D  
STREET ADDRESS 605 GREEN BRIAR BLVD  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE PS ☒ Change ☐ Addition  
NAME NELSON GREGORY D  
STREET ADDRESS 1919 TIPTREE CIRCLE  
CITY-ST-ZIP ORLANDO FL 32837TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: Gregory D. Nelson**

Pres 04/05/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)