

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90233 016 \*\*\*150.00

**DOCUMENT # F96000000550**

**1. Entity Name**  
**EB PIPE COATING, INC.**

**Principal Place of Business**  
**1700 E AVE. PORT INDUSTRIAL PARK**  
**PANAMA CITY FL 32401**

**Mailing Address**  
**1700 E AVE. PORT INDUSTRIAL PARK**  
**PANAMA CITY FL 32401**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**PO Box 59770**

**PANAMA CITY**

**FL 32412**



DO NOT WRITE IN THIS SPACE

**4. FEI Number**

**59-3516666**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (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, 2002 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	DCP	<input type="checkbox"/> Delete
NAME	BLOME, PETER	
STREET ADDRESS	% EUPAC ROHRBESCHICHTUNG GMBH	
CITY-ST-ZIP	WOLFSBANKRING 38, D45355 ESS GERMA-NY	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUNTER, MALLY	
STREET ADDRESS	C/O EUPEO ROHRBESCHICHTUNG GMBH	
CITY-ST-ZIP	MULHIEM GE	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DELIE, DAVID	
STREET ADDRESS	5315 W. 19TH ST	
CITY-ST-ZIP	PANAMA CITY FL 32412-0209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISS, ROBERT	
STREET ADDRESS	% EUPAC ROHRBESCHICHTUNG GMBH	
CITY-ST-ZIP	WOLFSBANKRING 38 GE D4535	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LOPER, WAYNE	
STREET ADDRESS	5315 W. 19TH ST.	
CITY-ST-ZIP	PANAMA CITY FL 32412-0209	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGSON, ALAN	
STREET ADDRESS	5315 W. 14TH ST.	
CITY-ST-ZIP	PANAMA CITY FL 32412-0209	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
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	

**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:** Wayne Loper  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/2002  
 Date

850 873 9002  
 Daytime Phone #

CR2E034 (9/01)