

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 21, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000001227**1. Entity Name
AWC COATINGS, INC.

Principal Place of Business 11925 WENTLING AV BATON ROUGE LA 70816 US	Mailing Address 11925 WENTLING AV BATON ROUGE LA 70816 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

72-1070192

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US**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 _____ **03/21/2001**

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	CTD	<input type="checkbox"/> Delete
NAME	ALFORD ROBERT C	
STREET ADDRESS	18332 S MISSION HILLS	
CITY-ST-ZIP	BATON ROUGE LA	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	SCHAFFHAUSER J A	
STREET ADDRESS	16556 STRAIN RD	
CITY-ST-ZIP	BATON ROUGE LA	

TITLE	PD	<input type="checkbox"/> Delete
NAME	GARNER BOB A	
STREET ADDRESS	18014 GRAND CYPRESS	
CITY-ST-ZIP	BATON ROUGE LA	

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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	COB	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFORD ROBERT C	
STREET ADDRESS	18332 S MISSION HILLS	
CITY-ST-ZIP	BATON ROUGE LA	

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: ROBERT C ALFORD

COB

03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)