2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State
04-25-2003 90211 003 ***150.00

55040784

DOCUMENT # H32298

1. Entity Name
SARASOTA SEALCOATING, INC.

Principal Place of Business	Mailing Address
7704 CLUB LANE	7704 CLUB LANE
SARASOTA FL 34238	SARASOTA FL 34238
US	US

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2557 TULIP ST. SARASOTA	2557 TULIP ST. SARASOTA
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SARASOTA FL	City & State: SARASOTA FL
Zip: 34239 Country:	Zip: 34239 Country:

4. FEI Number 59-2476863 ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROGINSKY, RICHARD E. 7704 CLUB LANE SARASOTA FL 34238	Name: William O'CONNOR Street Address (P.O. Box Number is Not Acceptable): 2557 Tulip St City: Sarasota FL Zip Code: 34239

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: William O'Connor WILLIAM O'CONNOR 5-12-03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2003	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROGINSKI, RICHARD E. 7704 CLUB LANE SARASOTA FL 34238	☑ Delete	William O'CONNOR 2557 Tulip St Sarasota FL 34239	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ROGINSKI, IRENE R. 7704 CLUB LANE SARASOTA FL 34238	☐ Delete	President, Vice President Treasurer + Secretary	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

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: William O'Connor SIGNATURE REQUIRED WILLIAM O'CONNOR 4-23-03 941-376-5009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #