

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0064255

DOCUMENT # H37169

1. Entity Name

PENINSULA METAL FINISHING INCORPORATED

Principal Place of Business

Mailing Address

**2550 DINNEEN AVENUE
 ORLANDO FL 32804**

**2550 DINNEEN AVENUE
 ORLANDO FL 32804**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FRI Number **59-2526186**

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

**COACHMAN, F. SMITH
 2550 DINNEEN AVE.
 ORLANDO FL 32804**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DA 1

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **ROACH, C. DAVID**
 STREET ADDRESS **2550 DINNEEN AVE.**
 CITY-STATE-ZIP **ORLANDO FL**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE **STD** ☐ Delete
 NAME **COACHMAN, F. SMITH**
 STREET ADDRESS **2550 DINNEEN AVE.**
 CITY-STATE-ZIP **ORLANDO FL**

☐ Change ☐ Addition
 TITLE
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 STREET ADDRESS
 CITY-STATE-ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **F. S. COACHMAN (STD)** *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01 **407-291-1023**
 Date Daytime Phone

CR2E034 (10/00)