2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: Winn

DOCUMENT # H61720 1. Entity Name EXTERIOR COATINGS BY MARITIME, INC.					Feb 25, 2002 8:00 am Secretary of State 02-25-2002 90024 050 ***150.00				
Principal Place of Business Mailing Address									
2501 27TH AVE., SUITE F1B VERO BEACH FL 32960		2501 27TH AVE SUITE F1B VERO BEACH FL 32960			υ www g ~ ~ ~				
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4.	4. FEI Number 59-2569092 Applied For				
Zip	Country	Zip	Country	5.	Certificate of	Status Desired	<u></u> \$8.7	5 Addi	t Applicable itional
	6. Name and Address of Current Re	rajetarad Agant				Idress of New Reg	Fee R	equired	<u> </u>
	ILLIAM S. TH PLACE	<u></u>	Street Ad	liam S. Depp Address (P.O. Box Number is Not Acceptable) - 44th Terrace					
VERO BEACH FL 32966 8. The above named entity submits this statement for the purpose of changing			City Vero	ro Beach FL 32968					8
This corporation is eligible to satisfy its Intangible			FEE IS \$150.00 Fee will be \$55 to Department	0.00	10. Election Campaign Financing \$5.00 May Be				
11.	OFFICERS AND DI	RECTORS	12.		DOITIONS/CH	ANGES TO OFFICI	ERS AND DIREC	CTORS	IN 11
TITLE NA≱ÍE STREET ADDRESS CITY-ST-ZIP	PVP DEPP, WILLIAM S. 4865 12TH PLACE VERO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	140 -		Depp Terrace FL 3296	<u>[≯</u> cr	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DEPP, NANCY 4865 12TH PLACE VERO BEACH FL	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Nancy 140 -	Depp 44th	Terrace FL 3296	∑ X Ch	ange	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ · Delete	NAME STREET ADDRESS CITY-ST-ZIP		خُنِي اِنْ اَلَٰتِيْنَا اِنْ اِنْ اِلْمِنْانِ - الله الله الله الله الله الله الله الل	· ••		ange -	Addition
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ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			72-18-1	_] Ch	ange	Addition
ITLE NAME STREET AODRESS STY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Ch	ange	Addition
of the cor	Dertify that the information supplied with this on this report or supplemental report is truporation or the receiver or trustee empower or on an attachment with an address, with	e and accurate and that my a pred to execute this report as	sionature shall hav	e the same.	legal effect so	lif made under osti	n∙that Iam an n	fficer o	r director

2/14/02 561-562-6746.

Date Daytime Phone #