

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90033 020 ***158.75

DOCUMENT # J39026

1. Entity Name

AMERICAN TECHNICAL COATINGS CORPORATION

Principal Place of Business

**166 CENTER ST
 210
 CAPE CANAVERAL FL 32920
 US**

Mailing Address

**166 CENTER ST
 210
 CAPE CANAVERAL FL 32920
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2746873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**BEALS, ROBERT E
 201 N RIVERSIDE DR
 STE B
 INDIALANTIC FL 32903**

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

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, 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	VP	<input type="checkbox"/> Delete
NAME	MCARA, ROBERT C.	
STREET ADDRESS	580 HIDDEN HOLLOW	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HRADESKY, EDWARD L.	
STREET ADDRESS	124 ST. CROIX AVENUE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EMORY, JAMES E.	
STREET ADDRESS	5120 PINTAIL LANE	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZACCARO, THOMAS W.	
STREET ADDRESS	200 S BANANA RIVER BV	
CITY-ST-ZIP	COCOA BCH. FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	MORRIS, JOHN J	
STREET ADDRESS	1370 YORK CIR	
CITY-ST-ZIP	MELBOURNE FL 32904	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

JOHN J. MORRIS PRES. 2/08/02 321 783 8474
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)