

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90244 040 ***158.75

DOCUMENT # J87253

1. Entity Name
SUPREME SEAL COATING, INC.



Principal Place of Business
~~4130 NW 3RD WAY~~
~~POMPANO BEACH FL 33064~~

Mailing Address
~~4130 NW 3RD WAY~~
~~POMPANO BEACH FL 33064~~

2. Principal Place of Business

3. Mailing Address

~~Delray bch 2514 ella st~~
Suite, Apt. #, etc.

City & State
~~Delray bch, Florida~~

City & State
~~Delray bch, Florida~~

4. FEI Number **59-2836814**

Applied For
☒ Not Applicable

Zip **33444** Country **USA**

Zip **33444** Country **USA**

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

WILLIAMS, JIM
~~4130 NW 3RD WAY~~
~~POMPANO BEACH FL 33064~~

Name **Jim Williams**
Street Address (P.O. Box Number is Not Acceptable)
2514 Ella street
City **Delray bch,** **FL** Zip Code **33444**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **2/6/03**

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 11

TITLE **PST** ☐ Delete
NAME **WILLIAMS, JIM**
STREET ADDRESS ~~4130 NW 3RD WAY~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33064~~

TITLE **PST** ☒ Change ☐ Addition
NAME **Williams, Jim**
STREET ADDRESS **2514 Ella street**
CITY-ST-ZIP **Delray bch, FL 33444**

TITLE **V** ☐ Delete
NAME **RICHARDS, BARBARA**
STREET ADDRESS ~~4130 NW 3RD WAY~~
CITY-ST-ZIP ~~POMPANO BEACH FL 33064~~

TITLE **V** ☒ Change ☐ Addition
NAME **Richards, Barbara**
STREET ADDRESS **2514 Ella street**
CITY-ST-ZIP **Delray bch, FL 33444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 life empowered.

SIGNATURE: *Jim Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/03 **561-278-8427**
Date Daytime Phone #

CR2E034 (10/02)