

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 16, 2002 8:00 am**  
**Secretary of State**

07-16-2002 90354 002 \*\*\*150.00

**DOCUMENT # K85128**

1. Entity Name  
**A & B PERMA-COAT, INC.**

Principal Place of Business

% WILLIAM MARSH  
 2023 OAKADIA DR  
 CLEARWATER FL 33764  
 US

Mailing Address

% WILLIAM MARSH  
 2023 OAKADIA DR  
 CLEARWATER FL 33764  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2952176**

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

MARSH, WILLIAM  
 2023 OAKADIA DR  
 CLEARWATER FL 33764

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 **DPTS** ☐ Delete  
 NAME **MARSH, WILLIAM**  
 STREET ADDRESS **2023 OAKADIA DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL**

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

TITLE **V** ☐ Delete  
 NAME **MARSH, ROSS**  
 STREET ADDRESS **2108 SHANNON DR**  
 CITY-ST-ZIP **HOLIDAY FL**

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

TITLE **V** ☐ Delete  
 NAME **MARSH, ROBERT**  
 STREET ADDRESS **2023 OAKADIA DRIVE**  
 CITY-ST-ZIP **CLEARWATER FL**

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  
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TITLE ☐ Change ☐ 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:

*William Marsh*  
**WILLIAM MARSH**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*William Marsh*  
**President**  
 7/10/02

CR2E034 (4/02)

*Attachment*

*K85728  
120700*

A & B PERMA - COAT  
2023 OAKAKDIA DR  
CLEARWATER, FL 33764

EIN # 59-2952176

JULY 10, 2002

FLORIDA DEPARMTENT OF STATE

-DEAR SIR OR MADAM

I HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$150.00. THIS IS FOR UNIFORM BUSINESS REPORT FOR 2002. AT THIS TIME I AM ASKING TO HAVE THE LATE FEE WAIVED, AS I NEVER RECEIVED A PRIOR REPORT. I WOULD APPRECIATE YOUR ATTENTION TO THIS MATTER.

SINCERELY,

*William E. Marsh*

WILLIAM MARSH  
PRESIDENT