

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2003 8:00 am
Secretary of State

08-21-2003 90108 049 ***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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

MARSH, WILLIAM
2023 OAKADIA DR
CLEARWATER FL 33764

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. 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

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 like empowered.

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

8-19-03

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

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

EIN # 59-2952176
AUGUST 19, 2003

FLORIDA DEPARMTENT OF STATE

80139502
K85128

DEAR SIR OR MADAM

I HAVE ENCLOSED A CHECK IN THE AMOUNT OF \$150.00. THIS IS FOR UNIFORM BUSINESS REPORT FOR 2003. AT THIS TIME I AM ASKING TO HAVE THE LATE FEE ABATED, AS I NEVER RECEIVED A PRIOR REPORT. I WOULD APPRECIATE YOUR ATTENTION TO THIS MATTER.

SINCERELY,

Wm E Marsh

WILLIAM MARSH
PRESIDENT