


FILED  
Mar 28, 2003 8:00 am  
Secretary of State

3/1

03-12-2003 90011 005 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # L00000003686</b>					
<b>1. Entity Name</b> PROTEX COATING OF FLORIDA, LLC					
<b>Principal Place of Business</b> 7324 ROYAL CRESCENT CT. PORT RICHEY FL 34668-6965			<b>Mailing Address</b> 7324 ROYAL CRESCENT CT. PORT RICHEY FL 34668-6965		
<b>2. Principal Place of Business</b> <i>Same as above</i> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <i>Same as above</i> Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 59-3636542 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALAMINA, LUIS 7324 ROYAL CRESCENT CT. PORT RICHEY FL 34668-6965				<b>7. Name and Address of New Registered Agent</b> Name: <i>None New</i> Street Address (P.O. Box Number is Not Acceptable) City: <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$50.00</b> Make Check Payable to Florida Department of State Due By May 1, 2003					
<b>9. MANAGING MEMBERS/MANAGERS</b>					
TITLE	OWNER - <i>operator</i>	<input type="checkbox"/> Delete			
NAME	ALAMINA, LUIS				
STREET ADDRESS	7324 ROYAL CRESCENT CT.				
CITY-ST-ZIP	PORT RICHEY FL 34668-6965				
TITLE	<i>Sole owner</i>	<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
<b>10. ADDITIONS/CHANGES</b>					
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					
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE</b> <i>[Signature]</i>				<b>3/1/03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	

CR2E083 (10/02)