

2001 UNIFORM BUSINESS REPORT (UBR)

UNIFORM BUSINESS REPORT

DOCUMENT # L00000009659

1. Entity Name
RADCOAT SYSTEMS, LLC

FILED
 01 JAN 25 AM 10:36

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 3316 NORTH FLAGLER DRIVE
 GAY KANUTH
 WEST PALM BEACH FL 33401

Mailing Address
 3316 NORTH FLAGLER DRIVE
 GAY KANUTH
 WEST PALM BEACH FL 33401

2. Principal Place of Business
 1421 HILL AVENUE
 Suite, Apt. #, etc.

3. Mailing Address
 1421 HILL AVENUE
 Suite, Apt. #, etc.

City & State
 MANGONIA PARK

City & State
 MANGONIA PARK

Zip FL 33407 **Country** USA

Zip FL 33407 **Country** USA

4. FEI Number
 65-1031850

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

LIOCE, DOMENICK R
 1645 PALM BEACH LAKES BLVD., SUITE 1200
 WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name: GARY WALK
 Street Address (P.O. Box Number is Not Acceptable):
 515 N. FLAGLER DR,
 19TH FLOOR
 City: WEST PALM BEACH FL Zip Code: 33401

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: Gary Walk GARY WALK DATE: 1/16/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER (PAUL A RAMSDEN) ZERO VOC INC, PO BOX 3055, BOYNTON BCH, FL 33424 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER (GAY KANUTH) GAY KANUTH TILE & DESIGN, INC 3316 N FLAGLER DR, WEST PALM BEACH FL 33407 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000003602900--7 -01/30/01--01132--023 *****55.00 *****55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Paul Ramsden 01-26-01 561-848-0543
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (1/00)