

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91433 018 \*\*\*\*50.00

**DOCUMENT # L01000000838**

1. Entity Name

**HIGH TECH COATINGS, LLC**



Principal Place of Business

**4086 SCARLET IRIS PLACE  
WINTER PARK FL 32792**

Mailing Address

**4086 SCARLET IRIS PLACE  
WINTER PARK FL 32792**

2. Principal Place of Business

**10801-B ENDEAVOUR WAY  
Suite, Apt. #, etc.**

3. Mailing Address

**22550 Autumn PARK BLVD  
Suite, Apt. #, etc.**

City & State

**LARGO FL**

City & State

**NOVI MI**

4. FEI Number

**59-3691312**

Applied For

☐ Not Applicable

Zip

**33777**

Country

**USA**

Zip

**48374**

Country

**USA**

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**REMUS, RONALD L  
4086 SCARLET IRIS PLACE  
WINTER PARK FL 32792**

7. Name and Address of New Registered Agent

Name **NEZOL, JAMIE R**  
Street Address (P.O. Box Number is Not Acceptable) **3343 MEADOWS WOOD DRIVE**  
City **MELBOURNE** FL Zip Code **32901**

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 **NEZOL, JAMIE R**

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

(NOTE: Registered Agent signature required when reinstating)

**3/26/03**  
DATE

**FILE NOW!!! FEE IS \$60.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REMUS, RONALD L 4086 SCARLET IRIS PLACE WINTER PARK FL 32792</b>	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM REMUS, RONALD L 22550 Autumn PARK BLVD NOVI MI 48374</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: **REMUS, RONALD L**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3-26-2003  
407-810-1133**

CR2003 (10/02)