

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90323 026 ****55.00

DOCUMENT # L02000029849

1. Entity Name
PRO-TEC COATING, LLC



Principal Place of Business

1521 FRANCES DRIVE
APOPKA FL 32703

Mailing Address

1521 FRANCES DRIVE
APOPKA FL 32703

2. Principal Place of Business

6270 Edgewater Dr

Suite, Apt. #, etc.

Suite 5100

City & State

Orlando, FL

Zip

32810

Country

USA

3. Mailing Address

6270 Edgewater Dr

Suite, Apt. #, etc.

Suite 5100

City & State

Orlando, FL

Zip

32810

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

EIN 01-0755207

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOWMAN, WILLIAM R JR ESQ
315 E. ROBINSON STREET, SUITE 600
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name **Kenneth A Bodwell**

Street Address (P.O. Box Number is Not Acceptable)

6270 Edgewater Dr

Suite 5100

City

Orlando

FL

Zip Code

32810

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

Kenneth A Bodwell

Kenneth A Bodwell

1/15/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE **President** ☐ Delete
NAME **Kenneth A. Bodwell**
STREET ADDRESS **1521 Frances Dr**
CITY-ST-ZIP **Apopka, FL 32703**

TITLE **V.P./Treasurer** ☐ Delete
NAME **Frank Coveney**
STREET ADDRESS **16211 Clay Rd #106-112**
CITY-ST-ZIP **Houston, TX 77084**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

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:

Kenneth A Bodwell

Kenneth A Bodwell

1/15/03

298-4396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)