

# 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**

3. Mailing Address  
**6270 Edgewater Dr**

Suite, Apt. #, etc.  
**Suite 5100**

Suite, Apt. #, etc.  
**Suite 5100**

City & State  
**Orlando, FL**

City & State  
**Orlando, FL**

Zip  
**32810**

Country  
**USA**

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

7. Name and Address of New Registered Agent

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

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<br><b>President</b> <input type="checkbox"/> Delete      | NAME<br><b>Kenneth A. Bodwell</b>       |
| STREET ADDRESS<br><b>1521 Frances Dr</b>                       | CITY-ST-ZIP<br><b>Apopka, FL 32703</b>  |
| TITLE<br><b>V.P./Treasurer</b> <input type="checkbox"/> Delete | NAME<br><b>Frank Coveney</b>            |
| STREET ADDRESS<br><b>16211 Clay Rd #106-112</b>                | CITY-ST-ZIP<br><b>Houston, TX 77084</b> |
| TITLE  | NAME                                    |
| STREET ADDRESS   | CITY-ST-ZIP                             |
| TITLE  | NAME                                    |
| STREET ADDRESS   | CITY-ST-ZIP                             |
| TITLE  | NAME                                    |
| STREET ADDRESS   | CITY-ST-ZIP                             |
| TITLE  | NAME                                    |
| STREET ADDRESS   | CITY-ST-ZIP                             |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| 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           |   |

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)