

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90181 023 ***150.00

DOCUMENT # L83673

1. Entity Name

PRIDEC COLOR COATING, INC.

Principal Place of Business

Mailing Address

~~37584 US HWY 19 N.
 PALM HARBOR FL 34684
 US~~

~~37584 US HWY 19 N.
 PALM HARBOR FL 34682-2373
 US~~

2. Principal Place of Business

3. Mailing Address

3085 ENISGROVE DR

P.O. Box 2373

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Harbor FL.

Palm Harbor FLA

City & State

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3022894

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

34683

Pinellas

Zip

Country

34682-2373 Pinellas

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VARNEY, RODNEY R
 3085 ENISGROVE DR
 PALM HARBOR FL 34683**

Name

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

City

FL

Zip Code

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

Rodney R Varney

RODNEY R VARNEY

1-17-2000

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

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	VARNEY, RODNEY R	3085 ENISGROVE DR	PALM HARBOR FL 34684	<input type="checkbox"/>
V	SPINDER, DAVID	2544 W. BROOK LANE	CLEARWATER FL 34621	<input checked="" type="checkbox"/>
T	DRAJEM, DAVID A	2190 SPRINGRAIN DR.	CLEARWATER FL 34623	<input checked="" type="checkbox"/>
S	VARNEY, PHILIP M	49 CYPRESS DR.	PALM HARBOR FL 34684	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Delete
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with another like empowered.

SIGNATURE: *Rodney R Varney* **RODNEY R. VARNEY** **1-17-2000** **727 771-2812**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #