

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000001192

1. Entity Name

SANITARY COATING SYSTEMS, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 20 AM 10:02



DO NOT WRITE IN THIS SPACE

Principal Place of Business

5030 CHAMPION BLVD., STE. G6-264
BOCA RATON FL 33496

Mailing Address

5030 CHAMPION BLVD., STE. G6-264
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0795612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE ACCESS, INC.
1116-D THOMASVILLE ROAD
MOUNT VERNON SQUARE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name: Ron Tygar
Street Address (P.O. Box Number is Not Acceptable):
16719 Senterra Drive
City: Delray Beach FL Zip Code: 33484

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

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 Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGR
STREET ADDRESS TYGAR, RON
CITY-ST-ZIP 16719 SENTERRA DRIVE
DELRAY BEACH FL 33484 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS SCHWARTZ, EDWIN
CITY-ST-ZIP 5622 ASHEFORDE LANE
MARIETTA GA 30068 ☐ Delete

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

TITLE NAME MGR
STREET ADDRESS WARREN, DANIEL R
CITY-ST-ZIP CARVER SQUARE, P. O. BOX 1206 N/A
CARVER MA 02330 ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)