## 2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

STREET ADDRESS

CiTY-ST-ZIP

TITLE

NAME STREET ADDRESS

## Secretary of State DOCUMENT # N01000002256 05-27-2002 90316 033 \*\*\*\*61.25 ARCHITECTURAL POWER COATERS ASSOCIATION, INC. Principal Place of Business Mailing Address . . . . . . . . . 3730 AX PLACE 3730 AX PLACE SUITE 206 BOYNTON BEACH FL 33436 SUITE 206 BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 109/08 7 Applied For Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Michael 2. Morgan Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE 7730 MW Place **CORAL GABLES FL 33134** 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. 4-29-02 SIGNATURE (NOTE: Registered Agent alignature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PTD ☐ Delete TITLE Change Addition MOREAN, MICHAEL L 3730 MAX Place # 20C NAME MORGAN, MICHAEL L NAME STREET ADDRESS STREET ADDRESS 10354 FOX TAIL ROAD SOUTH BOYNTON BEACH, FI 33436 CITY-ST-71P ROYAL PALM BEACH FL 33411 CITY-ST-ZIP SO THE CHARLES R 3730 MAX PIACE # 206 TITLE ☐ Delete TITLE Change Addition NAME IKE. CHARLES R NAME STREET ADDRESS STREET ADDRESS 10354 FOX TAIL ROAD SOUTH BOYNTON BEACH, F/ 33436 CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL 33411 ...TITLE = Change \_\_\_ Addition Delete ... NELSON W. KERRY 3730 MAY PLACE OF NAME NELSON, W. KERRY-STREET ADDRESS STREET ADDRESS 10354 FOX TAIL ROAD SOUTH CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH. FI 33436 ROYAL PALM BEACH FL 33411 TITLE TITLE Oelete ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED Jun 30, 2002 8:00 am

Channe

Change

☐ Addition

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12. 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

Delete

☐ Delete

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayling Phone 8