

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005048

1. Entity Name

PREFERRED COATINGS OF ST. AUGUSTINE, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90048 021 ****61.25

Principal Place of Business

603 SAN JOSE ROAD
ST. AUGUSTINE FL 32086

Mailing Address

603 SAN JOSE ROAD
ST. AUGUSTINE FL 32086-6549

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 **59-3275429**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMITH, JAMES R
603 SAN JOSE ROAD
ST. AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name Gregg W Smith
Street Address (P.O. Box Number is Not Acceptable)
603 San Jose Rd
St. Augustine
City FL Zip Code 32086

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

James R Smith

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

(NOTE: Registered Agent signature required when reinstating)

1-29-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	SMITH, JAMES R	<input checked="" type="checkbox"/> Delete
NAME		603 SAN JOSE RD	
STREET ADDRESS		ST AUGUSTINE FL	
CITY-ST-ZIP			
TITLE	D	SMITH, GREGG W	<input type="checkbox"/> Delete
NAME		603 SAN JOSE RD	
STREET ADDRESS		ST AUGUSTINE FL	
CITY-ST-ZIP			
TITLE	D	SMITH, DONNA R	<input type="checkbox"/> Delete
NAME		608 SAN JOSE RD	
STREET ADDRESS		ST AUGUSTINE FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smith, Jay M.	
STREET ADDRESS	6313 Kennerly Rd	
CITY-ST-ZIP	Jacksonville, FL 32216	
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		

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 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 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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-00

DATE

904-292-9246

Daytime Phone #