## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P0000012318 May 14, 2001 8:00 am Secretary of State 1. Entity Name INNOVATIVE COATINGS OF JACKSONVILLE, INC. 05-14-2001 90109 035 \*\*\*150.00 Principal Place of Business Mailing Address 14750 BEACH BLVD..#80 14750 BEACH BLVD..#80 JACKSONVILLE FL 32250 JACKSONVILLE FL 32250 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3627*6*17 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name O'NEIL, KAREN B Street Address (P.O. Box Number is Not Acceptable) 1009 21ST STREET, NORTH JACKSONVILLE BEACH FL 32250 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE PRESIDEN PVD ☐ Delete TITLE NAME SARNAC, AARON NAME 8000 #80 STREET ADDRESS STREET ADDRESS 14750 BEACH BLVD.,#80 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 Change ☐ Addition ☐ Delete TITLE TITLE NAME SARNAC, ANNA E NAME STREET ADDRESS STREET ADDRESS 14750 BEACH BLVD.,#80 CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32250 Change ☐ Addition \_ Delete TITLE TITLE --NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)