

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90207 021 \*\*\*150.00

0344165 AV

**DOCUMENT # P00000013181**

**1. Entity Name**  
**RELIANCE PAINTS AND COATINGS, INC.**

**Principal Place of Business**

**954 NE 62ND ST**  
**OAKLAND PARK FL 33334**

**Mailing Address**

**954 NE 62ND ST**  
**OAKLAND PARK FL 33334**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number** **65-0978909**

Applied For  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75. Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**DALY, JOHN**  
**1880 NW 18TH STREET**  
**POMPAÑO BEACH FL 33069**

**7. Name and Address of New Registered Agent**

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**

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**TITLE** **DP** ☐ Delete  
**NAME** **DALY, JOHN**  
**STREET ADDRESS** **1880 NW 18TH ST**  
**CITY-ST-ZIP** **POMPAÑO BEACH FL 33069**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **DP** ☒ Change ☐ Addition  
**NAME** **DALY, JOHN**  
**STREET ADDRESS** **954 NE 62nd St.**  
**CITY-ST-ZIP** **OAKLAND PARK, FL 33334**

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

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

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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 an other like empowered.**

**SIGNATURE:**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*John Daly, President*

*954/229-1931*

Date

Daytime Phone #

CR2E034 (9/01)