

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90432 001 \*\*\*\*\*8.75  
 05-03-2001 90432 002 \*\*\*150.00

**DOCUMENT # P00000058440**

1. Entity Name  
**REFRACTIVE COATINGS, INC.**

Principal Place of Business

Mailing Address

5921 NE 38TH ST.  
 GAINESVILLE FL 32609

5921 NE 38TH ST.  
 GAINESVILLE FL 32609

2. Principal Place of Business

**1855 NE 12<sup>th</sup> AVE.**

3. Mailing Address

**1855 NE 12<sup>th</sup> AVE.**

Suite, Apt. #, etc.

**SUITE D**

Suite, Apt. #, etc.

**SUITE D**

City & State

**GAINESVILLE**

City & State

**GAINESVILLE**

Zip

**32641**

Country

**USA**

Zip

**32641**

Country

**USA**

4. FEI Number

**59-3652621**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KHAN, AKHTAR M**  
**5921 NE 38TH ST.**  
**GAINESVILLE FL 32609**

7. Name and Address of New Registered Agent

Name **KHAN, AKHTAR M.**

Street Address (P.O. Box Number is Not Acceptable)

**1855 NE 12<sup>th</sup> AVE, SUITE D**

City **GAINESVILLE**

**FL**

Zip Code

**32641**

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

*Akhtar M. Khan*

**AKHTAR M. KHAN (PRESIDENT)**

**4/24/01**

Signature, Name, Title 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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KHAN, AKHTAR M</b> <b>8008 NW 31ST AVE., APT. 901</b> <b>GAINESVILLE FL 32606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <b>GHAZALA PERVEEN</b> <b>8008 NW 31ST AVE., APT. 901</b> <b>GAINESVILLE, FL 32606</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Akhtar M. Khan*

**AKHTAR M. KHAN**

**April 24, 2001**

**352-377**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2790**

CR2E034 (10/00)