

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State
 05-22-2002 90126 034 ***158.75

CR200181 AT

DOCUMENT # P00000058440

1. Entity Name
REFRACTIVE COATINGS, INC.

Principal Place of Business

1855 NE 12TH AVE
SUITE D
GAINESVILLE FL 32641

Mailing Address

1855 NE 12TH AVE
SUITE D
GAINESVILLE FL 32641

2. Principal Place of Business

2153 Hawthorne Road

3. Mailing Address

2153 Hawthorne Road

Suite, Apt. #, etc.

SUITE 118

Suite, Apt. #, etc.

Suite

City & State

GAINESVILLE, FL

City & State

Gainesville, FL

Zip

32641

Country

USA

Zip

32641

Country

USA

4. FEI Number

59-3652620

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

KHAN, AKHTAR M

1855 NE 12TH AVE

SUITE D

GAINESVILLE FL 32641

7. Name and Address of New Registered Agent

Name

KHAN, AKHTAR M

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

SUITE 118

2153 Hawthorne Road

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

(Signature) **AKHTAR M. KHAN President**

(Signature)

5/1/02

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 Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **KHAN, AKHTAR M**
STREET ADDRESS **8008 NW 31ST AVE., APT. 901**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **S** ☒ Delete
NAME **PERVEEN, GUAZALA**
STREET ADDRESS **8008 NW 31ST AVE., APT 901**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

(Signature) **AKHTAR M. KHAN**
SIGNATURE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/01/02

Date

352-682-3871

Daytime Phone #

CR2E034 (9/01)