

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90054 050 ***150.00

DOCUMENT # P00000085217

1. Entity Name
SOUTHERN COATINGS OF JACKSONVILLE, INC.

Principal Place of Business Mailing Address
3617 CROWN PT. RD., SUITE 1 **3617 CROWN PT. RD., SUITE 1**
JACKSONVILLE FL 32257 **JACKSONVILLE FL 32257**

932000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
2066 Emerson St.

Suite, Apt. #, etc. Suite, Apt. #, etc.
1

City & State City & State
Jacksonville, FL.

Zip Country Zip Country
32207 **USA**

FFA Number Applied For
59-3664842 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HERNANDEZ, MEREDITH A
3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257

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

Meredith Allen Hernandez *2/9/01*

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARSH-SIMS, KIM	
STREET ADDRESS	P. O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MEREDITH A	
STREET ADDRESS	P. O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RAULS, MICHAEL	
STREET ADDRESS	P. O. BOX 24668	
CITY-ST-ZIP	JACKSONVILLE FL 32241-4668	
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		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2066 EMERSON ST. # 1	
CITY-ST-ZIP	Jacksonville, Fla. 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	2066 EMERSON ST. # 1	
CITY-ST-ZIP	Jacksonville, Fla. 32207	
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		

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: *Michael Rauls*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 *904-399-8092*
 Date Daytime Phone #

CR2E034 (10/00)