

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000085217

1. Entity Name

SOUTHERN COATINGS OF JACKSONVILLE, INC.

Principal Place of Business

3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257

Mailing Address

3617 CROWN PT. RD., SUITE 1
JACKSONVILLE FL 32257

2. Principal Place of Business

2066 Emerson St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State

Zip
32207

Country

USA

Zip

Country

59-3664842

Applied For

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

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, FL 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, FL 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 #

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

03-16-2001 90054 050 ***150.00

932000



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)