

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90313 040 ***150.00

DOCUMENT # P00000093153

1. Entity Name
KLASSIC KOATINGS & DESIGN, INC.

| | |
|--|--|
| Principal Place of Business 180 W. BLUE SPRINGS AVENUE ORANGE CITY FL 32763 | Mailing Address 180 W. BLUE SPRINGS AVENUE ORANGE CITY FL 32763 |
|--|--|

A0057911



DO NOT WRITE IN THIS SPACE

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|--|
| 4. FEI Number 59-367-1271 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent
**COOPER, MARTIN R
 180 W. BLUE SPRINGS AVENUE
 ORANGE CITY FL 32763**

7. Name and Address of New Registered Agent

| |
|--|
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| City |
| 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 *Martin R Cooper* DATE 1/25/01

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT (REQUIRED WHEN REGISTERING) (DO NOT SIGN IF REGISTERED AGENT SIGNATURE REQUIRED WHEN REINSTATING)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

TITLE NOW IN FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$600.00
 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 '01 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD COOPER, MARTIN R 180 W. BLUE SPRINGS AVENUE ORANGE CITY FL 32763 | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Martin R Cooper* Martin Cooper DATE 1/25/01 DAYTIME PHONE # 904-774-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)